MASSACHUSETTS STATE PLAN

For The PREVENTION, TREATMENT, and CONTROL of ALCOHOL ABUSE and ALCOHOLISM

Annual Review, Update, and Progress Report

1980

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OF ALCOHOL ABUSE AND ALCOHOLISM

ANNUAL REVIEW, UPDATE AND PROGRESS REPORT

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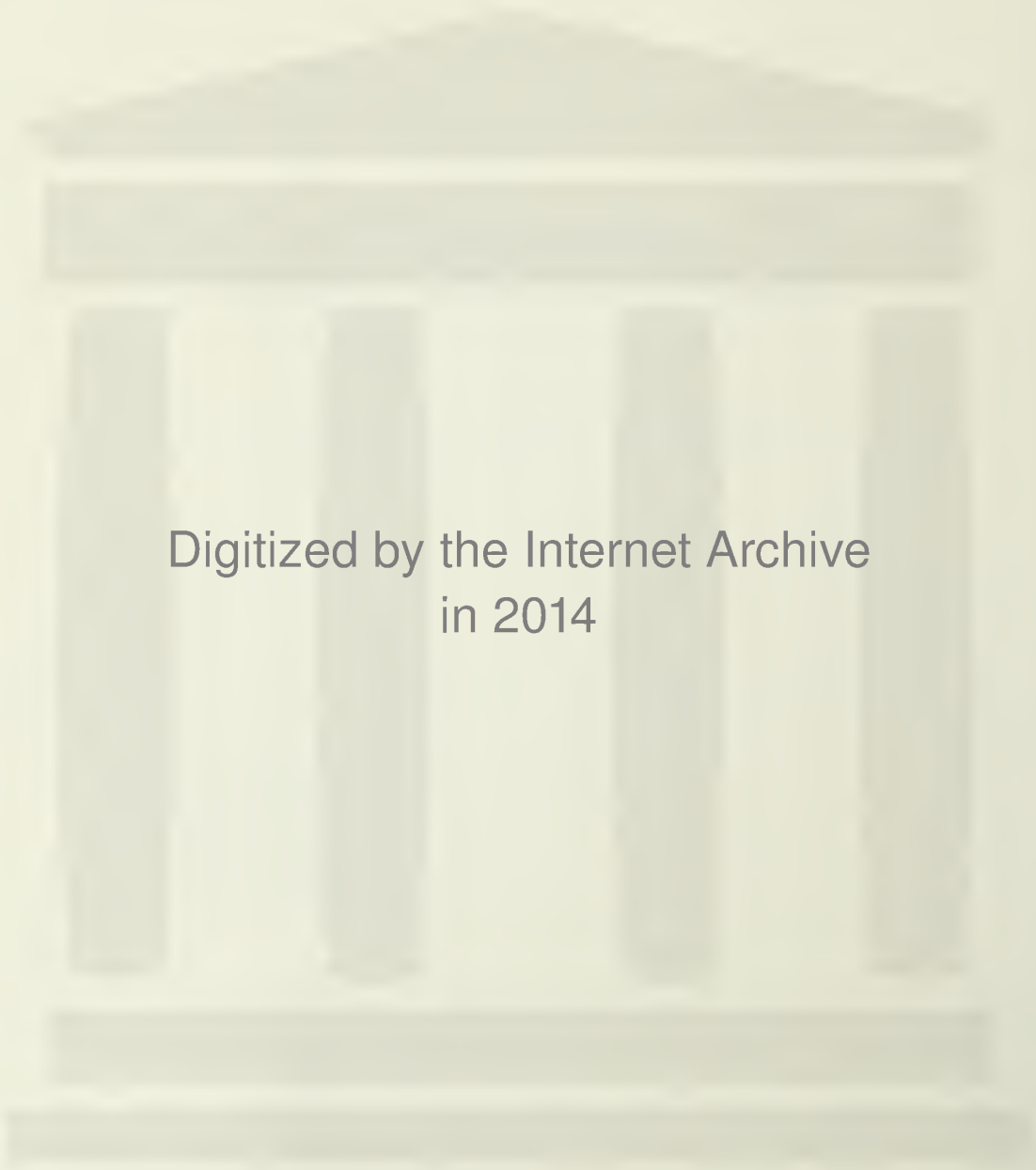

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I. INTRODUCTION

The primary objective of the Federal Formula Grant Program, to assist the states in the development and implementation of a more comprehensive system of alcoholism treatment and prevention, has represented a long-standing priority of alcoholism activity at the Federal level. Through compliance with applicable regulations concerning participation in the Formula Grant Program, states such as Massachusetts have succeeded in augmenting local program strategies and resources. This document is submitted in fulfillment of federal requirements for participation in the formula grant program.

The 1979 Massachusetts State Plan Annual Review, Update and Progress Report provided a comprehensive historical and programmatic overview of the continually developing and differentiating system of alcoholism treatment and prevention services within Massachusetts. The 1980 State Plan Update seeks to:

- reiterate and strengthen the range of agency goals in terms of alcoholism treatment, intervention and prevention;

- review and summarize agency accomplishments over the past year in light of these goals;

- revise and further specify those objectives which will realize agency goals;

- provide a systematic analysis of agency activities, resources and programmatic obligations in the pursuit of such goals; and

- assist in the development of sound planning tools in the form of up-to-date methodological, statistical and fiscal information relative to the development of a comprehensive system of services for the control and treatment of alcoholism and alcohol abuse.

Thus, this document serves two major purposes within the context of satisfying requirements for formula grant participation: to summarize and review past and present activities and to plan for the utilization of funds during the coming year in pursuit of agency goals. The presentation of this material will closely follow the categories of the 'Public Health Model' and will be patterned after the form developed in the State Plan for 1979. This has been done both to allow for easy reference to last year's plan for purposes of highlighting changes in objectives and to allow this year's update to present a cohesive overview of agency functions and priorities.

Toward this end, the 1980 State Plan Update is organized into the following chapters:

- General Summary of Highlights and Accomplishments for FY 1980
- Comprehensive Presentation of FY 81 Goals and Objectives, including a review of program principles, resources, needs, and current activity
- Overview of Agency Priorities
- Summary of Advisory Council Activities, including a review of current needs assessment procedures
- Federal FY 80 Formula Grant Budget Information
- Assurances

In addition, an extensive series of appendices provides revised and up-to-date demographic, statistical and service-related data relative to current and future program planning and implementation. Also included as an appendix is an analysis and synopsis of existing special project grants funded with Formula and Uniform Act Grant allocations.

II. SUMMARY OF MAJOR HIGHLIGHTS AND ACHIEVEMENTS FOR FY 1980

This section describes the major programmatic and agency achievements during FY 1980. As such, it summarizes those activities which have enabled the agency to realize important objectives and thereby continue to fulfill fundamental goals.

- The development and implementation of four more Regional Primary Prevention Centers was completed, bringing the total to eight. These centers will provide local communities and agencies with a systematic mechanism for the planning and development of primary prevention activities and will have a major impact on the availability of trained primary prevention specialists throughout the regions.

- The dissemination of a media campaign directed at women's alcohol related issues and the development of one directed at youth. Utilizing television messages specifically created for these campaigns, the Division hopes

    - to provide technical and self-awareness information which will increase the utilization of existing services by women;

    - to publicize the eight regional prevention centers as further sources of education and technical assistance regarding youth; and

    - to raise the general level of understanding of alcohol and alcohol issues by women and youth.

- An evaluation of the second year of operation of the Massachusetts Employee Assistance Program pilot project was recently completed. The evaluation reviewed not only the vendor's efforts and achievements but also the extent of involvement and support demonstrated by member agencies and unions. Analysis of program statistics indicated that employee assistance services were utilized by employees of the nine agency target population with a significant percentage of service requests coming from non-member agency employees. The evaluation represents the groundwork for planning the expansion of EAP services to more state employees.

- The revision of the existing Guidelines for Driver Alcohol Education Programs was completed. Through a process of consultation with program providers and others, the revised guidelines reflect an improved emphasis on curriculum, program administration and integration. Initial planning for a structured program monitoring effort

has been completed.

- Several evaluation studies of various Division funded programs have been initiated and in many cases completed. In conjunction with the Departmental Evaluation Unit, a thorough analysis of the Phase II demonstration project of the Driver Alcohol Education program has been undertaken. Analysis of both the women's three-quarter-way houses and the Division's youth programs have yielded much needed data concerning program impact and utilization.

- In conjunction with the Office of State Health Planning and the Statewide Advisory Council, a Technical Advisory Group has been formed. This group, reflecting all interests and perspectives within the alcoholism treatment and prevention field, will provide the forum for the resolution of critical determination of service need issues in future planning efforts.

- The implementation of the Hispanic Alcoholism Planning Project was achieved. This program, geared to Boston's Hispanic neighborhoods, will provide needed data concerning prevalence, service accessibility and appropriateness within this context.

- The conceptualization of the Special Populations Resource Center was completed; program implementation by the Massachusetts Minority Council on Alcoholism is anticipated in the near future. Designed to provide needed training and educational services, this program will significantly enhance the quality of alcoholism prevention and treatment services to the state's minority communities.

- Through increases in state budget allocations, the four women's day treatment programs received a 30% increase in funding to allow for outreach and staff refinement.

- Continuing a trend begun in past years, significant accomplishments have been made in regard to the integration and involvement of alcoholism interests in all levels of the state's health planning process. This is reflected not only in the depth and comprehensiveness of the alcohol-related materials contained in the State Health Plan, but in the increasing involvement of HSA's in proposal review and regional planning efforts.

- The long range personnel reorganization plan of the agency is meeting with success. The Division has been able to implement staff increases and upgrading in a variety of areas including management, field staff, planning and program monitoring.

- A variety of bills have been introduced during the current session of the state legislature which may impact directly or indirectly on the field of alcoholism. They include:

    - an act concerning instructional programs on the nature and effects of alcohol and alcoholism and programs relative to alcohol-related problems in schools. This bill calls for a

three year detailed study to identify appropriate places in the school curriculum for effective alcohol education, to provide adequate training for teachers, and to establish guidelines for policies and procedures for boards of education handling pupils involved in alcohol-related incidents or with alcohol-related problems.

- an act further defining those individuals who may provide alcoholism treatment to be covered by group health insurance policies, empolyees health and welfare funds, group hospital service contracts and group medical service contracts. This bill maintains the present benefit level and expands the types of professionals who may supply the services.

- a bill which would permit state funded alcoholism detoxification centers and outpatient programs to retain a portion of private third party payments to help pay for program costs, to improve existing services, and to expand them should the need arise.

- a bill which would broaden the licensing authority of the Department of Public Health-Division of Alcoholism to include types of treatment programs other than detoxification centers and halfway houses. Licensure represents the important first step in the collection of third party payments or rate setting.

III. GOALS AND OBJECTIVES FOR FY 1981

In the following section, descriptions of the four categories of activity in the "Public Health Model" will be presented for alcohol abuse and alcoholism prevention and treatment programs in Massachusetts. It should be noted that many of the goals and objectives assigned to the various levels of prevention actually extend beyond the boundaries of that category. For example, various efforts focused on women, although generally grouped under secondary prevention, will be discussed under other headings where appropriate. Therefore, the rationale for assignment of various goals and objectives to any particular level of prevention has been to place them in the category where the majority of effort is found. This categorization has been done in order to indicate the major thrust of agency activities, and not to rule out broad-based approaches to significant issues. Following this intensive discussion of specific agency goals and objectives, underlying issues of high priority which transcend the boundaries of the major prevention categories will be discussed.

PRIMARY PREVENTION

BACKGROUND STATEMENT

A. Philosophy and Approach

Primary prevention of alcohol abuse consists of that set of activities which provide persons with decision-making capabilities and skills which prevent abusive drinking practices and reduce the incidence of alcohol-related disabilities. These activities range from those specific to alcohol use, such as alcohol education on an individual and public scale, to those non-specific areas which promote health and an improved quality of life in a broader, holistic sense. A total community commitment to improved health standards is a necessary prerequisite for the acceptance of enhanced health-related values which result in changes in normative behavior. A major obstacle to the acceptance and implementation of preventive health measures is a lack of understanding of not only health related issues but a health delivery system that functions on a crisis basis. Within this system is a clear and apparent lack of consensus concerning the use, misuse, abuse and dysfunctional aspects of alcohol.

The Division of Alcoholism's chosen philosophy has been to develop prevention programs, directed toward the general population and young people in particular, which will tend to encourage responsible choices concerning use or non-use of alcohol and responsible drinking practices rather than abusive use of alcohol. Therefore, the agency's three major prevention goals are: (1) to develop normative behavior standards among the drinking population at large, such that the use of beverage alcohol is regarded as an addition to social interaction and not the focus of activity; (2) to develop normative behavioral standards such that drunkenness, 'drinking pushing', drunken driving and other misuse or abuse of alcohol are not tolerated; and (3) to create an environment in which the decision not to drink is a socially acceptable and unquestioned personal alternative.

Translating these goals into program strategies calls for something other than the traditional approach. In the past, efforts towards helping young people make responsible decisions regarding alcohol have consisted primarily of strict informational approaches with heavy emphasis on scientific facts about alcoholism instead of focusing on responsible choices concerning alcohol and decision-making skills.

By contrast, it is the Division's belief that, for the most part, this type of alcohol education has proven ineffective and in some instances counter-productive. The Division holds that to effect attitudes

and behavior regarding value-laden issues such as alcohol use requires more than a one-shot approach highlighting the dangers of drinking. Emphasizing values clarification exercises and building decision making skills is seen as more effective and appropriate. In addition, positive attitudes and behavior patterns need strong reinforcement by the total community. Therefore, the education and involvement of community institutions in the planning and implementation of prevention projects is vital to the achievement of sensible drinking practices among young people as well as the general population.

Prevention strategies entail providing the community with information and resources to make individual and collective decisions. An assumption consistent to all prevention programs is that people will choose to be healthy if given the necessary information, appropriate skills and awareness of their personal attitudes and behavior which all effect rational and responsible choices.

Efforts such as these require a variety of different activities, including the development of specific prevention models for different populations and community agencies, the training of key community people, planning designs for the allocation of available resources such as funding and paid personnel, the use of organization volunteers, and the effective use of the media. Finally, all of these efforts have to be designed so as to reach the greatest number and range of people in the most effective manner making maximum use of the multiplier effects.

B. Statewide Resource Analysis

While a conceptual base has been formulated for the development of a statewide system of prevention activities in Massachusetts, (see Appendix I, 1975 State Plan), the actual service delivery system is still in the development stages. Efforts have been centered on building a broad based network of prevention resources with the staff expertise and capacity to provide quality alcohol education services regionally and statewide.

The past year has seen the growth and achievement of prevention strategies in many areas, including funding of four more regional primary prevention centers, the training of key staff, the development of health promotion programming, the utilization of media campaigns, and the use of trained volunteers in impacting communities.

The Division of Alcoholism has five model prevention programs specifically designed to impact on school systems, youth agencies, churches, college campuses and the parents of adolescents. Through a formal procedure, proposals were solicited from local agencies for the implementation and evaluations of these models. Each model was well received and generally successful.

Training of key individuals as primary prevention specialists continues on both a regional and statewide basis. This training is provided both directly by Division Health Educators and by Health Educators in Division funded programs such as the regional prevention centers.

A major thrust of the Division's primary prevention programming in the past year has been the funding and development of four more Regional Primary Prevention Centers. This brings the total to eight - one in each of state's HSA's. These centers provide for a regionally-based resource exclusively for the prevention of alcoholism and alcohol abuse and promotion of responsible decision making concerning alcohol. They provide the region with a systematic mechanism for the planning, development and operation of primary prevention activities that heretofore might have been sporadic, fragmented or non-existent.

In addition to establishing such prevention centers with paid staff, the effective development of prevention programs requires volunteer time and effort. A model for the recruitment, training and utilization of volunteers in performing primary prevention and education activities has been developed by the North Shore Council on Alcoholism (N.S.C.A.) in Public Health Region IV. Similar volunteer programs will need to be established in other regions. The N.S.C.A., funded by the Division of Alcoholism, has written a volunteer training manual reflecting their volunteer program. In addition, the Massachusetts Council on Alcoholism has been funded by N.I.A.A.A. to develop volunteer programs throughout the Commonwealth.

Finally, the Division of Alcoholism has completed the preparation of a media campaign aimed at women which includes two spots - one specifically targeting young women. This campaign, and future use of the media, is essential to building public awareness and support for primary prevention efforts. The Division plans an additional campaign in the next year aimed at raising public awareness of the regional prevention centers described above. The message will focus on youth under the legal drinking age and their developing attitudes towards alcohol and its use.

C. Gaps and Deficiencies

The Division has made progress in the development and implementation of primary prevention projects and resources; yet, much remains to be done. There are several inherent problems in providing preventive measures which require consideration in goal setting and program design. First, although in recent years there has been increased awareness on the part of the public of the major health problems associated with alcoholism and alcohol abuse, prevention efforts still confront high levels of apathy and resistance to change regarding drinking behavior.

Second, in Massachusetts the potential scope of the planning effort required to reach the population in need remains extensive. The size of the target populations alone (i.e., young people, women, minorities and other at risk and high risk populations) inevitably dictates that other important areas of need may go relatively underserved. Third, general availability of funding resources remains low. Massachusetts is currently experiencing a time of budgetary austerity and scarce dollars elude capture for innovative programs and untried approaches to public problems.

Thus, while the primary prevention effort within Massachusetts develops incrementally, there still exist several fundamental problems which require attention. In addition, the development which has occurred

has required careful evaluation in order to justify continued growth. This refinement of programmatic and conceptual resources, along with continued coordination of effort among local service providers, remains a high priority. Alcoholism Councils, along with other organizations, have made great strides during the past years. Such accomplishments serve to identify additional gaps in the prevention system and heighten the need for further developmental work. It is within this context that primary prevention goals and objectives have been formulated.

1981 GOALS AND OBJECTIVES

Having discussed the Division's efforts in primary prevention in a general manner above, the following section will describe the specific goals and objectives for this category. A specific goal statement, a review of FY 1980 accomplishments and a set of objectives designed to realize each goal is given below.

GOAL 1: To maintain and strengthen Regional Primary Prevention Centers.

a. Past and Present

During FY 1980 the Division funded four more Regional Primary Prevention Centers with money allocated by the State Legislature. This brings the total to eight centers. These centers will be responsible for the implementation and coordination of all primary prevention agencies and activities in their regions. The common goals for these eight centers are:

- to develop new consumer education materials
- to develop new models of primary prevention programs
- to deliver consumer education
- to deliver primary prevention programs to specific target populations
- to provide consultation to community groups, agencies and institutions
- to organize and coordinate local communities for primary prevention

b. Objectives

1.1 Maintenance of the eight state-supported regional primary prevention centers at sufficient budgetary levels.

- continuation of funding (ongoing)
- continuation of fiscal monitoring (ongoing)

- continuation of programmatic monitoring (ongoing)

- continuation of technical assistance and consultation to existing centers (ongoing)

1.2 Evaluation of primary prevention center impact and design.

- development of evaluation instruments and data collection process based on concept paper developed through contract with Alcohol Research and Training Center in consultation with regional prevention centers (6/81)

- review of literature and program materials in regard to primary prevention (ongoing)

- review of prevention center's quarterly updates and annual workplans (ongoing)

c. Cost

State	Formula Grant	Uniform Act	Total
$547,756	$10,085	0	$557,841

GOAL 2: To continue present activities for the training of Prevention Specialists for each of the state's regions.

a. Past and Present

With an increasing demand for primary prevention services in the state's eight regions, the Division set as its strategy the development of local expertise to offer technical assistance and program implementation skills. Building upon the three-day conference on Prevention and Community Organizing held in FY 1979, Division Health Educators have provided training, consultation and technical assistance to agency personnel and interested community groups and institutions.

b. Objectives

2.1 Development of training resources for primary prevention centers and other interested groups.

- review existing training manuals and materials regarding skill-building, leadership training, and health promotion on alcohol education (ongoing)

- development of Division manual for training of trainers (1/81)

2.2 Delivery of training for regional prevention specialists, school personnel and other community groups.

- provide primary prevention training (ongoing)

- consult with agency and other community people on availability of local primary prevention resources (ongoing)

c. Cost

State	Formula Grant	Uniform Act	Total
$38,400	$10,000	0	$48,400

GOAL 3: To enlarge the state's present capacity for and knowledge of training and utilization of volunteers in alcohol abuse and primary prevention efforts

a. Past and Present

Through support of a pilot project operated by the North Shore Council on Alcoholism, there has been further development of volunteer utilization in the state and refinement of a volunteer training manual. This manual, a part of a field tested model for volunteer recruitment, details procedures for training volunteers in a variety of primary and secondary prevention efforts.

b. Objectives

3.1 To use the manual as the basis for the training of volunteers.

- disseminate the manual to all regional primary prevention centers (1/81)

- adapt manual to fit specific training needs (ongoing)

c. Cost

State	Formula Grant	Uniform Act	Total
$30,720	$5,000	0	$35,720

GOAL 4: To continue coordination with and support for statewide and local volunteer organizations in expansion of primary prevention efforts.

a. Past and Present

Massachusetts' voluntary sector, with a statewide organization and a full network of local councils, remains an important resource for the planning and delivery of primary prevention projects. Past achievements include a prevention program resource survey, initiation and support for a great number of community prevention

efforts, (in school systems, youth agencies, PTA's etc.) and strong legislative advocacy for alcohol abuse prevention at the state level. These agencies were instrumental in the planning and development of the Regional Prevention Center Requests for Proposals.

b. Objectives

4.1 Maintenance of close working relationships with the Massachusetts council on Alcoholism and its member councils.

- attendance by Division liaison at all regularly scheduled meetings of the M.C.A. for information sharing purposes (on-going)

- participation of selected Division staff in appropriate committee activities (ongoing)

- technical assistance provided in the development of grant applications (ongoing)

4.2 To investigate methods of disseminating the information gained through the pilot project and volunteer manual.

- consultation and technical assistance provided by regional health education staff to local voluntary councils to assist in prevention efforts (ongoing)

c. Cost

State	Formula Grant	Uniform Act	Total
$6,500	$4,600	0	$11,100

GOAL 5: To continue support of the currently running Primary Prevention Models and to disseminate the Models.

a. Past and Present

In FY 1978 the Division of Alcoholism, through a proposal review process, funded at least one each of its five primary prevention models. These included projects for addressing the needs of specific groups: Parent Organizations, School Systems, Clergy, College Students, and Youth Agencies.

Through a Request for Proposal process competing agencies were granted contracts to implement and evaluate these models in their communities. All of the models were well received and evaluated as generally successful.

The models were revised and in FY 1980 through another competitive Request for Proposal process, four agencies were granted contracts to implement models in their communities. These contracts are all due to expire by January, 1981.

b. Objectives

5.1 Continue funding for the current demonstration models.

- provide funding through the end of their contract periods (1/81)

5.2 Evaluation of each model following its implementation.

- ongoing monitoring and final program evaluation (2/81)

- recommendations regarding curricula and program revisions reviewed and completed (3/81)

5.3 Plan for replication of the models in new sites.

- work with regional primary prevention centers to disseminate models to interested clergy groups, primary and secondary schools, parent groups, and colleges (ongoing)

c. Cost

State	Formula Grant	Uniform Act	Total
$9,500	$6,833	$5,000	$21,333

GOAL 6: To plan and execute a statewide alcohol abuse media campaign aimed at specific target populations.

a. Past and Present

During FY 1979 and FY 1980 the Division of Alcoholism contracted with a local advertising agency and worked to develop television commercials concerned with alcohol abuse aimed at women. The campaign was designed to publicize statewide services for women currently in existence, as well as to publicize recently funded treatment programs for women with dependent children. These commercials have been disseminated to television stations across the state and to newspapers to further publicity. A media preview was held in FY 1980 for the purpose of presenting the commercials to interested agency personnel and NIAAA representatives.

During FY 1981 the Division will complete a media campaign aimed at young children and the development of responsible attitudes

PRIMARY PREVENTION

BACKGROUND STATEMENT

A. Philosophy and Approach

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The Division of Alcoholism's chosen philosophy has been to develop prevention programs, directed toward the general population and young people in particular, which will tend to encourage responsible choices concerning use or non-use of alcohol and responsible drinking practices rather than abusive use of alcohol. Therefore, the agency's three major prevention goals are: (1) to develop normative behavior standards among the drinking population at large, such that the use of beverage alcohol is regarded as an addition to social interaction and not the focus of activity; (2) to develop normative behavioral standards such that drunkenness, 'drinking pushing', drunken driving and other misuse or abuse of alcohol are not tolerated; and (3) to create an environment in which the decision not to drink is a socially acceptable and unquestioned personal alternative.

Translating these goals into program strategies calls for something other than the traditional approach. In the past, efforts towards helping young people make responsible decisions regarding alcohol have consisted primarily of strict informational approaches with heavy emphasis on scientific facts about alcoholism instead of focusing on responsible choices concerning alcohol and decision-making skills.

By contrast, it is the Division's belief that, for the most part, this type of alcohol education has proven ineffective and in some instances counter-productive. The Division holds that to effect attitudes

and behavior regarding value-laden issues such as alcohol use requires more than a one-shot approach highlighting the dangers of drinking. Emphasizing values clarification exercises and building decision making skills is seen as more effective and appropriate. In addition, positive attitudes and behavior patterns need strong reinforcement by the total community. Therefore, the education and involvement of community institutions in the planning and implementation of prevention projects is vital to the achievement of sensible drinking practices among young people as well as the general population.

Prevention strategies entail providing the community with information and resources to make individual and collective decisions. An assumption consistent to all prevention programs is that people will choose to be healthy if given the necessary information, appropriate skills and awareness of their personal attitudes and behavior which all effect rational and responsible choices.

Efforts such as these require a variety of different activities, including the development of specific prevention models for different populations and community agencies, the training of key community people, planning designs for the allocation of available resources such as funding and paid personnel, the use of organization volunteers, and the effective use of the media. Finally, all of these efforts have to be designed so as to reach the greatest number and range of people in the most effective manner making maximum use of the multiplier effects.

B. Statewide Resource Analysis

While a conceptual base has been formulated for the development of a statewide system of prevention activities in Massachusetts, (see Appendix I, 1975 State Plan), the actual service delivery system is still in the development stages. Efforts have been centered on building a broad based network of prevention resources with the staff expertise and capacity to provide quality alcohol education services regionally and statewide.

The past year has seen the growth and achievement of prevention strategies in many areas, including funding of four more regional primary prevention centers, the training of key staff, the development of health promotion programming, the utilization of media campaigns, and the use of trained volunteers in impacting communities.

The Division of Alcoholism has five model prevention programs specifically designed to impact on school systems, youth agencies, churches, college campuses and the parents of adolescents. Through a formal procedure, proposals were solicited from local agencies for the implementation and evaluations of these models. Each model was well received and generally successful.

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In addition to establishing such prevention centers with paid staff, the effective development of prevention programs requires volunteer time and effort. A model for the recruitment, training and utilization of volunteers in performing primary prevention and education activities has been developed by the North Shore Council on Alcoholism (N.S.C.A.) in Public Health Region IV. Similar volunteer programs will need to be established in other regions. The N.S.C.A., funded by the Division of Alcoholism, has written a volunteer training manual reflecting their volunteer program. In addition, the Massachusetts Council on Alcoholism has been funded by N.I.A.A.A. to develop volunteer programs throughout the Commonwealth.

Finally, the Division of Alcoholism has completed the preparation of a media campaign aimed at women which includes two spots - one specifically targeting young women. This campaign, and future use of the media, is essential to building public awareness and support for primary prevention efforts. The Division plans an additional campaign in the next year aimed at raising public awareness of the regional prevention centers described above. The message will focus on youth under the legal drinking age and their developing attitudes towards alcohol and its use.

C. Gaps and Deficiencies

The Division has made progress in the development and implementation of primary prevention projects and resources; yet, much remains to be done. There are several inherent problems in providing preventive measures which require consideration in goal setting and program design. First, although in recent years there has been increased awareness on the part of the public of the major health problems associated with alcoholism and alcohol abuse, prevention efforts still confront high levels of apathy and resistance to change regarding drinking behavior.

Second, in Massachusetts the potential scope of the planning effort required to reach the population in need remains extensive. The size of the target populations alone (i.e., young people, women, minorities and other at risk and high risk populations) inevitably dictates that other important areas of need may go relatively underserved. Third, general availability of funding resources remains low. Massachusetts is currently experiencing a time of budgetary austerity and scarce dollars elude capture for innovative programs and untried approaches to public problems.

Thus, while the primary prevention effort within Massachusetts develops incrementally, there still exist several fundamental problems which require attention. In addition, the development which has occurred

has required careful evaluation in order to justify continued growth. This refinement of programmatic and conceptual resources, along with continued coordination of effort among local service providers, remains a high priority. Alcoholism Councils, along with other organizations, have made great strides during the past years. Such accomplishments serve to identify additional gaps in the prevention system and heighten the need for further developmental work. It is within this context that primary prevention goals and objectives have been formulated.

1981 GOALS AND OBJECTIVES

Having discussed the Division's efforts in primary prevention in a general manner above, the following section will describe the specific goals and objectives for this category. A specific goal statement, a review of FY 1980 accomplishments and a set of objectives designed to realize each goal is given below.

GOAL 1: To maintain and strengthen Regional Primary Prevention Centers.

a. Past and Present

During FY 1980 the Division funded four more Regional Primary Prevention Centers with money allocated by the State Legislature. This brings the total to eight centers. These centers will be responsible for the implementation and coordination of all primary prevention agencies and activities in their regions. The common goals for these eight centers are:

- to develop new consumer education materials
- to develop new models of primary prevention programs
- to deliver consumer education
- to deliver primary prevention programs to specific target populations
- to provide consultation to community groups, agencies and institutions
- to organize and coordinate local communities for primary prevention

b. Objectives

1.1 Maintenance of the eight state-supported regional primary prevention centers at sufficient budgetary levels.

- continuation of funding (ongoing)
- continuation of fiscal monitoring (ongoing)

- continuation of programmatic monitoring (ongoing)

- continuation of technical assistance and consultation to existing centers (ongoing)

1.2 Evaluation of primary prevention center impact and design.

- development of evaluation instruments and data collection process based on concept paper developed through contract with Alcohol Research and Training Center in consultation with regional prevention centers (6/81)

- review of literature and program materials in regard to primary prevention (ongoing)

- review of prevention center's quarterly updates and annual workplans (ongoing)

c. Cost

State	Formula Grant	Uniform Act	Total
$547,756	$10,085	0	$557,841

GOAL 2: To continue present activities for the training of Prevention Specialists for each of the state's regions.

a. Past and Present

With an increasing demand for primary prevention services in the state's eight regions, the Division set as its strategy the development of local expertise to offer technical assistance and program implementation skills. Building upon the three-day conference on Prevention and Community Organizing held in FY 1979, Division Health Educators have provided training, consultation and technical assistance to agency personnel and interested community groups and institutions.

b. Objectives

2.1 Development of training resources for primary prevention centers and other interested groups.

- review existing training manuals and materials regarding skill-building, leadership training, and health promotion on alcohol education (ongoing)

- development of Division manual for training of trainers (1/81)

2.2 Delivery of training for regional prevention specialists, school personnel and other community groups.

- provide primary prevention training (ongoing)

- consult with agency and other community people on availability of local primary prevention resources (ongoing)

c. Cost

State	Formula Grant	Uniform Act	Total
$38,400	$10,000	0	$48,400

GOAL 3: To enlarge the state's present capacity for and knowledge of training and utilization of volunteers in alcohol abuse and primary prevention efforts

a. Past and Present

Through support of a pilot project operated by the North Shore Council on Alcoholism, there has been further development of volunteer utilization in the state and refinement of a volunteer training manual. This manual, a part of a field tested model for volunteer recruitment, details procedures for training volunteers in a variety of primary and secondary prevention efforts.

b. Objectives

3.1 To use the manual as the basis for the training of volunteers.

- disseminate the manual to all regional primary prevention centers (1/81)

- adapt manual to fit specific training needs (ongoing)

c. Cost

State	Formula Grant	Uniform Act	Total
$30,720	$5,000	0	$35,720

GOAL 4: To continue coordination with and support for statewide and local volunteer organizations in expansion of primary prevention efforts.

a. Past and Present

Massachusetts' voluntary sector, with a statewide organization and a full network of local councils, remains an important resource for the planning and delivery of primary prevention projects. Past achievements include a prevention program resource survey, initiation and support for a great number of community prevention

efforts, (in school systems, youth agencies, PTA's etc.) and strong legislative advocacy for alcohol abuse prevention at the state level. These agencies were instrumental in the planning and development of the Regional Prevention Center Requests for Proposals.

b. Objectives

4.1 Maintenance of close working relationships with the Massachusetts council on Alcoholism and its member councils.

- attendance by Division liaison at all regularly scheduled meetings of the M.C.A. for information sharing purposes (on-going)

- participation of selected Division staff in appropriate committee activities (ongoing)

- technical assistance provided in the development of grant applications (ongoing)

4.2 To investigate methods of disseminating the information gained through the pilot project and volunteer manual.

- consultation and technical assistance provided by regional health education staff to local voluntary councils to assist in prevention efforts (ongoing)

c. Cost

State	Formula Grant	Uniform Act	Total
$6,500	$4,600	0	$11,100

GOAL 5: To continue support of the currently running Primary Prevention Models and to disseminate the Models.

a. Past and Present

In FY 1978 the Division of Alcoholism, through a proposal review process, funded at least one each of its five primary prevention models. These included projects for addressing the needs of specific groups: Parent Organizations, School Systems, Clergy, College Students, and Youth Agencies.

Through a Request for Proposal process competing agencies were granted contracts to implement and evaluate these models in their communities. All of the models were well received and evaluated as generally successful.

The models were revised and in FY 1980 through another competitive Request for Proposal process, four agencies were granted contracts to implement models in their communities. These contracts are all due to expire by January, 1981.

b. Objectives

5.1 Continue funding for the current demonstration models.

- provide funding through the end of their contract periods (1/81)

5.2 Evaluation of each model following its implementation.

- ongoing monitoring and final program evaluation (2/81)

- recommendations regarding curricula and program revisions reviewed and completed (3/81)

5.3 Plan for replication of the models in new sites.

- work with regional primary prevention centers to disseminate models to interested clergy groups, primary and secondary schools, parent groups, and colleges (ongoing)

c. Cost

State	Formula Grant	Uniform Act	Total
$9,500	$6,833	$5,000	$21,333

GOAL 6: To plan and execute a statewide alcohol abuse media campaign aimed at specific target populations.

a. Past and Present

During FY 1979 and FY 1980 the Division of Alcoholism contracted with a local advertising agency and worked to develop television commercials concerned with alcohol abuse aimed at women. The campaign was designed to publicize statewide services for women currently in existence, as well as to publicize recently funded treatment programs for women with dependent children. These commercials have been disseminated to television stations across the state and to newspapers to further publicity. A media preview was held in FY 1980 for the purpose of presenting the commercials to interested agency personnel and NIAAA representatives.

During FY 1981 the Division will complete a media campaign aimed at young childrer and the development of responsible attitudes

towards the use of beverage alcohol. This media campaign will develop television and other broadcast materials aimed at children and will publicize the eight regional prevention centers as further sources of education and technical assistance.

b. Objectives

6.1 Development of specific messages and materials to be broadcast via the television and other media targeted at youth.

- technical assistance provided to ad agency regarding alcohol education and youth issues (7/80)
- review of proposed materials by Division and NIAAA (8/80)
- production of messages and other materials (8/80)
- completed messages ready for distribution and broadcast (10/80)

6.2 Coordination and implementation of the statewide media campaign.

- development of distribution plan to effect widest possible broadcast utilization of messages (10/80)

6.3 Design and initiation of an evaluation model to test the success of the campaign.

- establish statewide information service in conjunction with the A.I.R. project (11/80)
- collection of data regarding telephone inquiries in response to broadcast messages (1/81)

c. Cost

State	Formula Grant	Uniform Act	Total
$7,733	$12,890	$4,700	$25,323

SUMMARY STATEMENT

Although they have been traditionally underfunded and consequently underutilized, the techniques and methods of primary prevention of alcohol problems are now receiving greatly increased recognition in Massachusetts. Interest on the part of the categorical alcoholism agencies, as well as from other agencies that have only recently become aware of the important

needs in this area, has generated a demand for materials, technical assistance, and financial support which will expand the field. Through improved methodologies and careful evaluation of results, primary prevention activities are expected to reduce the high cost of alcohol abuse and alcoholism in this state in future years. It is for this reason that Massachusetts has placed these activities among its highest priorities and will devote increasing staff attention and financial resources toward their implementation.

Cost Summary - Primary Prevention

State	Formula Grant	Uniform Act	Total
$640,609	$49,408	$9,700	$699,717

SECONDARY PREVENTION

BACKGROUND STATEMENT

A. Philosophy and Approach

Secondary prevention activities are those directed toward the early identification of alcoholism and alcohol abuse and the encouragement of persons to self-identify potential alcohol-related problems and seek out appropriate treatment. Underlying this approach is the assumption that more positive treatment outcomes result from early intervention into the disease process. Such early intervention reduces the need for more costly treatment resources associated with late-stage and chronic alcoholism, and aids in reducing the human costs so often resulting from the social and economic disruption brought about by uncontrolled drinking.

The Division of Alcoholism's efforts in this context continue to focus on three fundamental needs of the field:

- the need of the alcoholism treatment and prevention service network to offer services which are appropriate to a wide range of potential clients who have traditionally under-utilized existing resources;

- the need of a broad range of generic service providers to appropriately identify, counsel and refer actual and potential problem drinkers to relevant alcoholism treatment services; and

- the need to develop broad-based community support for such early intervention strategies through education and training.

In seeking to maximize the utilization of trained alcohol service providers as well as generic resources in the identification and treatment of problem drinkers, the Division hopes to develop needed resources on the basis of careful assessments of system issues and in as cost-effective a manner as possible.

The state's efforts in this regard utilize a wide range of techniques and approaches ranging from education to the development of unique treatment modalities. Focusing on specific target populations assists in the identification of those shared characteristics which impede awareness and acceptance of problem drinking and thereby result in barriers to effective utilization of treatment resources. Such an approach places emphasis on the cultural, social and economic facets of target groups

which render traditional treatment and outreach approaches ineffective and/or inappropriate. The use of this approach has been effective in identifying service barriers and developing unique strategies for reaching underserved populations.

Another element in the state's secondary prevention effort is its focus on various levels of analysis. Thus, while the individual client is at the core of this effort, agency, community and system needs continue as integral considerations within secondary prevention activities. Through the coordination of resources, as well as the delivery of relevant training to service providers, the Division continues to incrementally develop a responsive system of treatment services as well as a complementary system of generic support for problem drinkers and their families.

B. Statewide Resource Analysis

Secondary prevention resources within the state have both increased and become increasingly differentiated. As the unique needs of specific target groups and communities are identified, and programs are developed to bring about desired goals, both the alcoholism treatment system and the generic service network become more effective in providing relevant services. This, coupled with educational and training resources directed at both the agency and community level, enhances self-identification efforts and increases service utilization within the context fo fiscal austerity. The maximizing of existing resources becomes a prime consideration.

Regions vary in the degree to which educational and other primary prevention resources are available for use in secondary prevention efforts. Health education staff and existing primary prevention resources have increasingly developed programmatic and planning resources in response to the needs of youth, women and minorities. The implementation of a Boston-Based Hispanic Alcoholism Planning Project, geared to enhancing system responsiveness to Hispanics, is expected to greatly augment knowledge and resources in this regard. The driver alcohol education program provides a structured series of group educational experiences for persons arrested for driving under the influence of alcohol. A range of projects and organizations exist for the purpose of marketing the concept of employee assistance programs as a means of early identification of potential alcoholics. Current estimates indicate that over 10% of the state's workforce in the private sector is served by employee assistance programs, while a considerable higher proportion of public sector workers are so covered.

Intervention resources exist within a wide range of strategies and methodologies, including counseling services, alternatives to drinking, innovative state-supported peer projects and a variety of community-based recreational and educational programs. Outreach efforts geared to identifying the 'hidden' woman alcoholic are carried out through four model day treatment programs. Clients of the driver alcohol education programs are referred where necessary to a demonstration program of structured, clinical group experiences where lifestyle and denial issues are examined, the need for additional treatment services is assessed, and follow-up referrals are made to an appropriate treatment setting.

Several innovative outreach and program alternatives have been developed for the state's minority populations, including outpatient services for the gay community and residential services for blacks. Education and training for alcoholism service providers are offered as a means of expanding the availability of treatment resources. The implementation of a special populations resource center to provide on-going consultation and education services to both the alcoholism treatment system and generic service providers will increase both the accessability and appropriateness of existing resources. Those services specifically geared to serve minority populations continue to experience extensive utilization and development in this area requires additional attention. Working relationships with a variety of organizations have been established to facilitate the gathering of needs data in this context, and the Special Populations Sub-Committee of the Advisory Council insures the direct channeling of such data directly into the agency planning process.

As the above discussion details, secondary prevention resources in Massachusetts represent a wide range of strategies and methodologies for the identification of potential and actual problem drinkers. With the success of these efforts, and their continued expansion, a number of issues pertaining to needs in this context become evident. The following section describes these service and resource deficiencies.

C. Gaps and Deficiencies

Major issues relating to needs within the secondary prevention area reflect a lack of adequate training and manpower resources to complement education and outreach efforts. Needs for programmatic as well as educational and training resources have become increasingly differentiated. As the demand for services increases due to heightened awareness of unique problems, the alcoholism treatment system and its prevention counterpart are pressed for adequate resources to respond to the increase in service demand. Increasing identification of problem drinking clients within the generic service systems is the result of positive efforts at outreach and referral coordination. As model programs are evaluated and deemed successful, additional although unavailable dollars are required to insure their utilization in other parts of the state. In a sense, the success of the secondary prevention efforts of the Division have yielded both positive benefits in terms of system development, as well as difficult choices as scarce dollars are allocated across increasingly competing demands.

An additional major issue within this context is the ability of the alcoholism treatment system to respond to increased client populations. Operating at over 90% utilization, current treatment resources have little room for additional service availability. The utilization of relatively low-cost ambulatory care settings offers one solution to this dilemma. As referral needs increase, particularly in light of development in the occupational area and the large client population within the driver alcohol education program increasing attention must be devoted to promoting service availability to additional clients, especially to clients at different stages in the disease process and with more diverse cultural

and related health needs. Augmented efforts at coordination and planning in the development of new treatment resources will assist in this endeavor. Careful shaping of future system development through coordination with existing health planning bodies is vital.

Another issue which requires increasing attention is the development of clear program standards and treatment guidelines for target populations. Traditionally under-represented in the treatment system, increasing numbers of 'atypical' clients require that program standards be developed to insure effective and appropriate clinical resources. Innovative models must be evaluated and monitored, and the resulting data compiled in such a way as to promote the cost-effective enhancement of existing resources before additional services are created. Moreover, the agency must also allocate resources to those areas where development of programmatic models has not occurred, such as for the elderly, a subpopulation which poses unique service needs and programmatic considerations.

An increasingly important need generated by the impact of secondary prevention efforts concerns the utilization of training resources. Enhancing provider skills in delivering treatment services to historically underserved groups has become an integral component of manpower development efforts. Concurrently, a growing segment of treatment providers is developing from among those programs specifically designed to meeting the unique needs of special populations. While there are many training issues shared by both groups, there exist clear differences as well. This continued differentiation of training needs places even greater strains on existing resources.

Gaps and deficiencies within the context of secondary prevention present themselves in varying degrees across target populations. They range from a relative lack of resources in some cases to the need for agency action in light of past program successes in others. The following section details FY 1981 goals and objectives for secondary prevention.

1981 GOALS AND OBJECTIVES

In light of the discussion above concerning existing resources, gaps and deficiencies, the following section details secondary prevention goals and objectives and provides a summary of activities and accomplishments during the year.

GOAL 7: To maintain and expand resources with regard to the early identification of problem drinking women, and to enhance the capacity of the alcoholism treatment system to provide appropriate referral and treatment services for women.

a. Past and Present

Efforts directed toward improving and augmenting the services available to problem drinking women have focused on both expanding the range of prevention and early identification resources as well as evaluating the impact of prior program developments. Through legislative action this year an upgrading of support for the four day treatment programs implemented during FY 79 was achieved. A 30% increase in basic funding will allow for additional outreach activities and staff refinements. The availability of expanded prevention resources through the eight regional prevention centers will insure local community involvement in issues relating to women and alcohol.

A retrospective study of the implementation of four three-quarter-way houses has yielded conclusions which indicate that such programs not only offer beneficial services to women in transition from structured halfway houses to independent living, but actually reduce the length of stay within halfway houses. With the self-sufficiency of these programs accomplished, future development will depend on securing additional start-up funds.

Through coordination with the Mass. Coalition of Women's Alcoholism Services and other groups, the Division maintains an important channel for input into the planning and program development process. Needs identified through such information sharing will be addressed as available funds and other resources dictate.

b. Objectives

7.1 Develop innovative early identification and treatment modalities focused on women, such as short-term residential programs with childcare, cooperative apartments, court identification efforts, etc.

- identify potential interest in expanding availability of three-quarter-way houses (8/80)

- develop program model and approach funding sources (10/80)

- implement additional three-quarter-way houses as funding permits (3/81)

7.2 Maintain four existing day treatment programs and implement evaluation procedures.

- continue four existing contracts at new funding level (7/80 - 6/81)

- develop client data collection instrument (8/80)

- collect client utilization data for past 12 months (9/80)

- assess data and survey programs for service specific information (1/81)

- assess training needs and identify issues relating to delivery of services to minorities (2/81)

- develop conceptual framework for day treatment program for minority women (3/81)

- identify potential financial support for minority women's day treatment program (5/81)

7.3 Develop a mechanism to assess the vocational/educational needs of female halfway house residents.

- analysis of client data to determine current utilization of such resources (9/80)

- determine potential funding sources for the support of a vocational/educational counseling efforts (11/80)

- develop a model support program for the delivery of vocational/educational counseling services within the halfway house system (3/81)

7.4 Maintain close working relationships with existing organizations and groups involved in women's issues.

- continue participation in the MCWAS (ongoing)

- maintain liaison relationships with local committees and groups (ongoing)

7.5 Develop educational materials relating to fetal alcohol syndrome and implement strategy for delivering relevant training to maternal health care providers.

- review existing training materials (9/80)

- in conjunction with the Department of Public Health, Division of Family Health Services, develop a training plan for existing service providers (11/80)

- implement training on an incremental basis (4/81)

c. Cost

State	Formula Grant	Uniform Act	Total
$226,288	$12,560	0	$238,848

GOAL 8: To continue and expand wherever possible the development of a statewide system of alcoholism identification resources for minority group members and to enhance the capacity of the alcoholism treatment and prevention system to provide services and resources appropriate to minority needs.

a. Past and Present

In addition to maintaining its level of programming directed specifically at the state's minority communities, the Division had undertaken two major programming activities which are expected to yield both vital data in regard to the needs of the Hispanic community and the development of training and educational resources and materials for use in minority program development. The Hispanic Alcoholism Planning Project will collect utilization and needs assessment data for five targeted communities within H.S.A. IV-B, and provide an empirical analysis of future program development objectives. The Special Populations Resource Center, due to begin early in FY 81, will provide training and educational services to a range of generic service providers as well as offer program development and consultation services to the alcoholism treatment and prevention network statewide.

As in past years, the Committee on Special Populations of the Statewide Advisory Council on Alcoholism continues to provide a forum for the discussion and analysis of alcohol-related issues as they arise within the state's various minority communities. In its advisory capacity, this broadly representative group serves to channel input in the agency decision-making process which reflects the needs of underserved populations.

b. Objectives

8.1 Maintain the state's federally funded minority - oriented projects.

- continue existing contracts through (6/81)

8.2 Implementation of the Special Populations Resource Center.

- develop workplans and initiate staff hiring (7/80)
- assess existing training resources and materials (9/80)
- develop training protocols and strategies (11/80)
- complete needs assessment of existing alcoholic prevention resources (12/80)
- implement a training schedule for four generic service providers (3/81)

8.3 Complete first phase of Hispanic Alcoholism Planning Project.

- analyze needs assessment date (9/80)
- identify gaps in existing services (11/80)
- develop strategy for augmenting service availability (3/81)

8.4 Develop relevant educational materials for use by the Hispanic and Native American communities.

- assess existing materials (9/80)
- identify gaps in existing resources (11/80)
- develop strategy for securing necessary funding (2/81)

8.5 Strengthen the capacity of the Division to provide consultation services in regard to the needs of the Gay community.

- maintain existing level of services specifically geared to the Gay community (ongoing)
- assess existing service utilization patterns within H.S.A. IV-B (12/80)
- identify potential outreach strategies (1/81)

c. Cost

State	Formula Grant	Uniform Act	Total
$105,000	$99,299	$51,961	$256,260

GOAL 9: To maintain and expand wherever possible the state's system of resources for the identification and treatment of problem-drinking young persons, and those at high risk for alcoholism.

a. Past and Present

Currently, the Division's program for youth is a combination of state and federally funded projects. These projects provide education, intervention counseling, advocacy and alternatives to drinking services through a variety of techniques. Evaluations are currently in progress to assess the effectiveness of these strategies. Information collected from the evaluation process will be utilized in the drafting of program standards and guidelines. A working committee of youth service providers has been established to share programmatic information and to review training needs. The committee has been involved in developing and implementing, on

a trial basis, a reporting system to monitor client utilization. The initial assessment of this client data has provided much useful information. The reporting system will be evaluated this spring and a permanent system should be in place for the new fiscal year. The training needs of the youth project's staff have also been assessed and prioritized by the committee. These needs include a) training in outreach and intervention techniques with families, b) methods of resource development and management and, c) program evaluation techniques. The opening of four additional primary prevention centers throughout the state should increase the educational resources available to the youth service system. Further expansion of prevention services to youth may be possible through joint efforts with the Division of Preventive Medicine's proposed alcohol and smoking prevention projects planned for the fall.

b. Objectives

9.1 Continuation of the Division's seven youth projects with concurrent program evaluation and guideline and standard development.

- maintain existing contracts with the seven youth projects (6/81)
- collect data on program activities and approaches (4/80)
- conduct site visits to all youth projects (4/80)
- prepare individual program reports (6/80)
- review program reports (8/80)
- develop standards and guidelines (12/80)

9.2 Revision of the reporting procedures for monitoring youth project utilization now in place on a trial basis and institution of a permanent reporting system.

- assess data elements in current reporting system (5/80)
- define appropriate and useful items (6/80)
- design reporting form (6/80)
- implementation of reporting system on a monthly basis (7/80)

9.3 Continuation and expansion of the youth alcohol service network.

- maintain existing committee structure (6/81)
- utilize as a forum for the discussion of programmatic and other issues (6/81)

9.4 Provision of training resources to meet the identified needs of the Division's youth project.

- identification of available resources (7/80)
- identification of available funds (8/80)
- design of programs to meet the identified needs (10/80)

9.5 Provision of technical assistance to the central and regional offices of the Department of Youth Services and the Office for Children in the identification of needs in regard to the delivery of appropriate alcohol-related services to high risk young persons.

- review existing planning documents (10/80)
- review existing client data with regard to alcohol use and abuse (11/80)
- identify ongoing training (1/81)
- maintain liaison with existing planning and advisory groups to identify gaps (6/81)

c. Cost

State	Formula Grant	Uniform Act	Total
$115,070	$89,729	0	$204,799

GOAL 10: To promote and assist in the development, maintenance and expansion of early intervention employee assistance programs among public and private sector employers through concept advocacy and technical assistance.

a. Past and Present

Since its inception in May 1978, the state's Employee Assistance Program has provided clinical services to over 150 state employees. The fact that a significant percentage of the requests for services came from outside the nine participating agencies indicates the extent of the service need. In response to the need, expansion of EAP services to cover more state agencies in the coming year is being planned. Future plans also include the creation of a statewide EAP coordinator's position with responsibility for overseeing the delivery of statewide EAP services to Commonwealth employees.

EAP interest and activity among small businesses has increased significantly within the past year. Organizations representing small scale employers such as Associated Industries of Massachusetts (AIM) have actively promoted EAP development among their constituents. A group of small businesses in Western Massachusetts is drafting plans for the delivery of cooperative EAP services to their employees. In response to the need for EAP services among small employers, there has been an increase in the number of quality independent EAP consultants and vendors offering services tailored for businesses with 500 or less employees.

Increasing interest in EAP's from labor organizations represents another avenue for addressing the needs of workers in small companies. Proposals for union-based EAP's would offer services to a series of small unionized companies in a given region. Some union plans call for the preparation of a grant proposal to NIAAA's Occupational Branch for the funding of a demonstration project. A single successful proposal would mean service coverage to thousands of employees.

A broader promotion of the EAP concept is being planned through the development and distribution of an information package that includes a brochure and booklet. Besides increasing concept awareness, the package will offer fundamental information on EAP's and promote the Division's EAP consultation services.

According to latest figures there are now 136 active employee assistance programs among private and public sector employers. An additional 46 programs are in the development or formulation stages. This means that 322,690 employees (or 11% of the total state workforce) are covered or will soon be covered by an EAP.

b. Objectives

10.1 Continue support for and maintenance of the pilot Massachusetts Employee Assistance Program as it expands services from 4,000 to 25,000 state employees in the coming year.

- restructure present client record keeping methods so as to generate data that can be better utilized in year-end evaluations (8/80)

- provision of consultation and technical assistance to various committees created to oversee Mass. EAP activities (ongoing)

- provide technical assistance to Mass. EAP as it expands service coverage to additional state employees (8/80 - ongoing)

10.2 Develop for distribution of promotional/information packages targeted for individuals, agencies, and businesses requesting or otherwise in need of general information on employee assistance programs and their development.

- write, edit, and print a brief informational brochure highlighting key aspects of employee assistance programs in general and, as they exist in Massachusetts (8/80)

- write, edit, and print a more detailed booklet identifying fundamental information on employee assistance program development and implementation, plus publicizing the Division's EAP consultation services (11/80)

- develop and implement a strategy for the distribution of the promotional/informational package to interested parties throughout the state (12/80 - ongoing)

- organize for distribution upon request a resource listing of EAP service providers in Massachusetts (/80)

10.3 Promote information sharing and affinity relationships among professionals and other persons interested in the development of the occupational alcoholism field through continuing assistance to and coordination with ALMACA and other appropriate professional organizations.

- work together with major resources like ALMACA to respond to requests for information on EAP development (ongoing)

- coordinate with organizations like ALMACA throughout the year in planning and conducting periodic local meetings and conferences (ongoing)

- provide assistance in the development of a new Chapter of ALMACA for Western Massachusetts (9/80)

10.4 Provide technical assistance and support to labor organizations interested in developing employee assistance programs for their membership.

- identify four major labor organizations and their representatives who are interested in employee assistance program development (ongoing)

- assist the labor representatives in program model selection, policy and procedures development, resource assessment, and actual program implementation (ongoing)

10.5 Provide technical assistance and support to service or other organizations developing innovative EAP services targeted for difficult to reach and previously uncovered employee populations

such as law enforcement officials, employees of smaller firms, municipal employees, public school teachers, and working women.

- identify four individuals or organizations interested in developing EAP services for one of the target populations (ongoing)

- assist in identifying and building linkages with appropriate and relevant resources throughout the state (ongoing)

- supply technical back-up and pertinent information for project development (ongoing)

10.6 Provide consultation and technical assistance to qualified service providers developing innovative and unique occupational alcoholism grant proposals for funding by NIAAA's Occupational Branch.

- assist three potential applicant groups in the conceptualization and planning of the proposed project (3/81)

- identify pertinent information and resources available to grant applicants (ongoing)

- maintain ongoing feedback to applicants throughout developmental stages (ongoing)

- function as liaison between applicants and federal authorities (ongoing)

10.7 Provide technical assistance, consultation, and resource materials to EAP or other qualified alcoholism service providers interested in improving or expanding their service capabilities.

- assist five service providers in promoting and marketing EAP services to Massachusetts employers in their region (5/80)

- share outreach materials such as training manuals and films with service providers (ongoing)

- distribute new information on EAP's to service providers in the state (ongoing)

c. Cost

State	Formula Grant	Uniform Act	Total
$15,626	$19,629	0	$35,255

GOAL 11: To maintain and strengthen the state's capacity to provide alcohol abuse and alcoholism treatment and education services to clients of the criminal justice system.

a. Past and Present

The state's driver alcohol education and treatment programs, totaling 26 educational components and 20 follow-up clinical components, continue to provide necessary services to the growing number of persons arrested for drunken driving. It is estimated that 16,870 clients will receive alcohol education and/or clinical services during the coming year. This represents an 8.2% increase in the previous year's client caseload. In response to a need for clear and consistent standards for services delivered through these programs, the Division of Alcoholism, with the cooperation of the Driver Alcohol Education Director's Association, issued revised Standards and Guidelines for Massachusetts Driver Alcohol Education Programs. The Division plans to assess the compliance of all driver alcohol education programs during the coming year. The initial phase of this monitoring process will include site visits to at least one program in each region to determine the effectiveness of the monitoring process as well as the appropriateness of the guideline document.

All Phase II follow-up programs were evaluated during the current year through the joint efforts of Division of Alcoholism staff and the Departmental Evaluation Unit. Through site visits and staff and client questionnaires, the effectiveness and impact of these programs has been thoroughly investigated. A report summarizing findings and identifying areas for additional planning is forthcoming.

In the area of family violence and juvenile justice, the Division has provided technical assistance and consultation to a broad range of service providers eager to obtain funds for program implementation in this regard. Such efforts will be augmented during the coming year as additional sources of funds and appropriate applicants are identified.

b. Objectives

11.1 Continue support for the 26 existing Phase I driver alcohol education programs so that they can serve approximately 17,000 clients during the coming year.

- maintain existing contractual agreements (ongoing)

11.2 Maintain and modify 20 existing Phase II clinical follow-up programs to serve approximately 8,000 clients during the coming year.

- revise Phase II model based on evaluation recommendations (7/80)

- circulate revised model for comment (8/80)

- revise model as appropriate (10/80)

- incorporate revisions into existing guidelines and monitor for compliance (9/80)

11.3 Monitor compliance of driver alcohol education programs with newly-issued program standards.

- complete initial round of monitoring visits to one program in each region (7/80)

- revise monitoring process as appropriate (8/80)

- completion of site visits to nine additional programs statewide (11/80)

- completion of monitoring process for all programs (3/81)

11.4 Passage of a more comprehensive statute concerning drunken driving to allow for more effective service delivery to second and multiple offenders.

- maintain legislative ties and support for pending legislation (ongoing)

11.5 Continued provision of technical assistance and consultation services to programs, courts and law enforcement officials in regard to the implementation of the state's drunk driving statutes.

- participation in existing committees and organizations involved in program implementation (ongoing)

- in conjunction with Registry of Motor Vehicles, identify appropriate inclusion of alcohol-related materials within driver licensing examinations (7/80)

11.6 Establishment of a media/public information campaign around the issue of drunken driving.

- participate in joint ongoing program development activities of the Governor's Highway Traffic Safety Bureau (ongoing)

- utilization of existing primary prevention centers in the dissemination of information to local prevention efforts (10/80)

11.7 Investigation of other target areas within the criminal justice system where alcohol-related services are in need of development.

- assess level of staff training needs and existing training resources at the court, prison and pre- and post- release levels of the criminal justice network (1/81)

- identify gaps in training availability based on needs assessment (3/81)

- identify appropriate training resources and strategies for delivery (6/81)

c. Cost

State	Formula Grant	Uniform Act	Total
$2,690,306	0	0	$2,690,306

GOAL 12: To continue needs assessment program development and other secondary prevention activities directed at improving the capability of the alcoholism service system and generic health and social service system to provide appropriate resources to elderly problem drinkers.

a. Past and Present

The current funding situation has severely limited the Division's capacity to develop any new programming specifically geared to older persons with actual or potential alcohol related problems. Thus, the emphasis has been on locating other resources and/or channels through which the Division might provide primary and secondary prevention activities. As part of the needs assessment process, communication has been initiated with the Department of Elder Affairs and the Department of Mental Health. We tried to determine the nature of needs of the generic service system in regard to alcohol-related problems of elderly clients and to explore ways in which these agencies and the Division can coordinate program efforts on a statewide basis. Because of the special needs of this population who tend to remain hidden and undetected, interfacing with the generic elder service system is critical to reaching older problem drinkers. Initial program activities in this regard have focused on provision of training and educational experiences to select generic service providers. Evaluation of these efforts will result in identification of specific gaps in training resources.

b. Objectives

12.1 Assess existing planning and programmatic resources in regard to generic elder services.

- meet with DMH geriatric coordinators to determine available resource and training needs (9/80)

- develop pilot training package for impacting this group (1/81)

- implement limited training program to determine impact (3/81)

12.2 Assess level of programming in regard to training and education of elder service providers among the eight regional primary prevention centers.

- meet with each of the prevention centers to discuss training and education activities for generic elder service providers (8/80)

- identify existing materials, films, literature, etc. in regard to this issue (10/80)

- develop comprehensive package of training materials for use at the community level (1/81)

12.3 Identify utilization of existing alcohol services by elderly clients.

- review existing MIS and other programmatic data (2/81)

- perform perceived needs assessment of existing treatment system in regard to elderly problem drinkers (4/81)

- identify gaps in service availability and appropriateness in regard to the elderly client (5/81)

12.4 Develop training package to enhance capacity of existing alcohol services to deal with elderly clients.

- identify existing materials with regard to training within a geriatric context (12/80)

- develop training materials for this purpose where gaps exist (2/81)

c. Cost

State	Formula Grant	Uniform Act	Total
$5,000	$5,638	0	$10,638

SUMMARY STATEMENT

The commitment of the Division of Alcoholism to a broad secondary prevention effort is reflected in the programmatic and planning activities described above. As these activities are carried out and secondary prevention objectives are met, it is hoped that the results will improve both the level and quality of services offered to actual and potential problem drinkers, as well as heighten the acceptance and identification of potential and actual problem drinkers outside the alcoholism treatment system. While such endeavors create pressures for increase spending and program development, strategies have been utilized which minimize additional expenditures and provide the framework for increase program effectiveness.

Cost Summary - Secondary Prevention

State	Formula Grant	Uniform Act	Total
$3,157,290	$226,855	$51,961	$3,436,106

TERTIARY PREVENTION

BACKGROUND STATEMENT

A. Philosophy and Approach

As stated in the 1978 State Plan, the importance of maintaining a broad perspective on alcohol problems cannot be overemphasized when designing and developing a comprehensive system of alcoholism treatment resources. The complexity and multifaceted nature of the disease requires an eclectic approach to effectively meet the needs of individual clients as well as a wide range of program types to provide the various levels of treatment required. Also, in order to adequately meet the statewide demand for a variety and balance of service, careful planning and paced development of all elements within the tertiary prevention system is an indispensable part of successful program implementation.

Beyond these key concepts, there are several other principles which have guided the expansion of alcoholism treatment programs within Massachusetts. These are given below in order to provide the context or philosophy within which the Division of Alcoholism has fostered this development. They include the following:

- the recognition that there are many different forms of alcohol abuse and alcoholism within every segment of our society;

- the recognition that alcoholism is a treatable illness requiring a variety of socio-medical services over a period of time;

- the understanding that alcoholism is a recurrent illness and the successful treatment procedures will be designed with this concept in mind;

- the awareness that ongoing continuity of care and early intervention are integral parts of an effective tertiary system;

- the recognition that a variety of treatment modalities must be available and accessible to clients since no one approach is sufficient to meet the needs of all individuals with alcohol problems;

- the recognition that individual programs should maintain a pragmatic and reality-oriented perspective in the provision of direct services to clients;

- the understanding that the tertiary service system should have the capacity to deal with the client's and their family's ongoing problems and crises in a supportive way over an extended period of time;

- the recognition that a network of alcohol tertiary services must be built on a foundation of rational planning based on client needs, cost effectiveness, and coordination with overall health and mental health care systems;

- the recognition that the ongoing effective management of programs is essential to insure the highest possible quality of care to clients; and

- the recognition that continued development of knowledge and willingness to experiment with new alternatives for care is essential to promote and expand levels of effectiveness for the tertiary care system.

With these principles as a foundation, it is possible to examine the structure and development of the alcoholism treatment service network in Massachusetts. The following sections will provide an overview of the tertiary prevention network, an analysis of its current gaps and deficiencies, and a set of goals which include a synopsis of progress made and specific objectives for developmental activities in the coming year.

B. Statewide Resource Analysis

This past year the state-supported alcoholism treatment service system has remained virtually unchanged in terms of numbers of programs from the previous year. The number of alcoholism outpatient programs dropped to thirty this year. The number of detoxification centers in current operation dropped from twenty-one to twenty due to an unforeseen location problem. In addition, funding was approved for a new detoxification facility which is not yet functional. The forty-six halfway houses and five special projects remained the same as last year. The funding for FY 80 increased to approximately fourteen million dollars for state-supported treatment programs, not counting DWI programs which amounted to an additional $2.3 million. During FY 79, over 25,000 people were served accounting for approximately 63,000 admissions.

Interest in the expansion of private sector services and the planning for implementation of some of these services increased even more than the previous year.

In spite of the clear gains that have been made and the substantial numbers of programs which currently provide services in Massachusetts, many needs remain unaddressed. The following factors continually point out the need to fill in the gaps in the treatment delivery system: (1) consistantly high utilization rates for treatment programs, (2) statewide need formulas

which reflect an incomplete range of services, and (3) increasing pressure of client referrals from early intervention programs, such as driver alcohol education and occupational programs.

Maintenance and strengthening of the existing system, as well as the development and implementation of innovative program models continue to be the focus of agency planning efforts.

C. Gaps and Deficiencies

The five major developmental issues identified in last year's State Plan continue to rank high in priority for this year. These five issues are:

1. The limited availability of financial resources for program development, with the exception of halfway houses and women's day treatment programs, continues to restrain needed service expansion. When contrasted to the clear need for enlargement of the tertiary system, this factor tends to encourage the use of other sources of support (Third-Party participation, for example) as well as the redirection of priorities toward system strengthening activities (see Agency Development). Some of the major tasks necessary for the improvement of the treatment service system include the following:

- improvement of agency and system program monitoring and evaluation of all service types;

- encouragement of enhanced program coordination and continuity of client care, particularly through a statewide system of standard aftercare procedures;

- incorporation of early intervention and outreach activities into the tertiary treatment system; and

- development, of new or innovative program models, utilizing wherever possible existing local community resources.

2. Although the Commonwealth has many of the elements of a comprehensive service system levels of development for the networks of different treatment modalities (i.e. halfway houses, outpatient programs, detoxification facilities etc.) vary in Massachusetts as a whole and within regions. When planning to fill gaps in services especially if financial resources are limited, higher priority should be given the development of those types of services for which the existing ratio of existing services to need is smaller. For example, if according to Determination of Need figures 90% of the detoxification beds are provided, while only 20% of the outpatient services needed are provided, then the outpatient services should be expanded before the detoxification services. This approach will result in a better balance of services and a treatment system which does not have capacity bottlenecks at particular points.

3. Given the growing complexity and cost of the broader health delivery system, along with the continuing need for low cost alcoholism services, a strong program of regulatory activities is needed. For the tertiary system, this will entail active participation in regional (HSA) planning, inclusion of alcoholism programs in Certification of Need procedures, and licensing of all alcoholism treatment programs which provide direct service.

4. In line with the mounting complexities and sophistication of the large alcoholism service delivery system (currently encompassing more than 180 individual projects spread throughout the state), a program of management skill development, staff training, and systematic budgetary planning is clearly needed. This effort is particularly necessary to ensure appropriate program administration and to maintain consistent high quality of care for all clients served.

5. It is clear that no single source of funding can satisfy the full needs of the tertiary system. Yet an expanded combination of funding sources, including third-party payment, local, state, and federal financing and partial client payment should ensure a greater level of adequacy of alcoholism programs. To achieve this end, continued efforts are needed to improve the acceptance of alcoholism treatment services as an appropriate and cost-effective part of the overall health care system.

Beyond general needs, to evaluate the adequacy of the various parts of the treatment network, the reader should refer to the specific service need figures for the state's eight regions, provided in Appendix C. As can be seen, this document gives bed and staffing requirements sufficient to serve the estimated population in need for six different program types. It is anticipated that any expansion of resources will follow these Determination of Need formulae, as well as the procedures for regional planning. Finally, some additional treatment service gaps are identified in the following section which covers goals and objectives for the coming year within the context of tertiary prevention.

1981 GOALS AND OBJECTIVES

GOAL 13: To maintain and expand (where appropriate) the state's system of detoxification services and facilities

a. Past and Present

The twenty-one state financed detoxification facilities (490 beds full capacity-temporarily 478 beds) saw a total of 45,837 admissions in 1979 at a utilization rate of 96.4%. Anticipated admissions for FY 80 is 44,500. The average cost of these services was approximately $59 per diem.

Additional detoxification services are also provided by programs in the private sector. However, high utilization rates for both

state supported and independent facilities indicate the need for additional beds to be added to the system.

In looking toward system improvement and upgrading, the Division has provided ongoing support for research and training efforts to assist centers in better serving their clientele. The process of licensing and evaluation (through the Division's management information system) have also been designed to focus on issues of quality of care and program administration.

It is anticipated that these activities, along with the effort to gain wider sources of support for detoxification services, will continue in the coming year.

b. Objectives

13.1 Maintenance of the twenty-one state supported detoxification centers at sufficient budgetary levels.

- continuation of funding (ongoing)

- continuation of fiscal monitoring (ongoing)

- continuation of programmatic monitoring (ongoing)

- continuation of technical assistance to existing and developing centers (ongoing)

- relocation of an existing detoxification center due to space limitations (10/80)

13.2 Increase total number of detoxification centers to twenty-two.

- implementation of an additional detoxification center previously approved for funding (10/80)

13.3 Integration of privately sponsored detoxification services into the Department of Public Health's Determination of Need licensing procedures.

- continued review and revision of licensing regulations (6/81)

- adoption of licensing standards by Department of Public Health's Determination of Need and Licensing Divisions (7/81)

13.4 Expansion of reimbursement potential for all detoxification services from the various third-party systems.

- data collection on costs, patient coverage, and revenue projections (ongoing)

- continue to work with rate setting commission to establish a rate for third-party payors (7/81)

- provide detoxification centers with technical assistance in going through rate setting process (ongoing)

- provide detoxification centers with technical assistance in developing sliding fee scales for self payors (ongoing)

- provide detoxification centers with technical assistance in developing billing and collection procedures (ongoing)

13.5 Continue improvement of the capacity of the existing network of detoxification services to effectively serve special needs populations, including women, minorities, and younger alcoholics.

- continue to provide technical assistance to program staff to better meet the needs of special populations (ongoing)

- continue efforts to coordinate existing services to better meet the needs of special populations (ongoing)

13.6 Improve reimbursement process for detoxification centers.

- redesign the reimbursement process from a line item to a unit cost system (7/80)

c. Cost

State	Formula Grant	Uniform Act	Total
$7,551,877	$486,066	$32,240	$8,070,183

GOAL 14: To continue and, where possible, to expand the state's network of alcoholism halfway house services.

a. Past and Present

The current state-supported and non-state-supported system of halfway house services in Massachusetts includes 46 distinct programs providing a total of 1,016 beds. The state-supported system saw 4,317 admissions during FY 79 and it is projected the FY 80 admissions will exceed 4,700. These 46 programs include nine designed primarily for women, and two which focus on the needs of minorities. Initial projections of an additional 100 beds have been curtailed due to difficulties in obtaining zoning variances from local communities.

The Massachusetts Rate Setting Commission has established a class rate of all alcoholism halfway house services which took effect on July 1, 1979. The rate, set at $19.82 per diem, reflects the estimated operating cost of halfway houses providing the upper level of rehabilitative services required by the Department of Public Health's Rules and Regulations for Alcoholism Halfway

Houses. In the coming year, a major effort will take place in the effective implementation of the upgrading of the halfway house system, which the newly determined rate will facilitate.

While the Division of Alcoholism's allocation for halfway house services appears to have grown remarkably, this growth reflects a transfer of supportive funding from the Department of Public Welfare, and represents a shift in funding responsibility more than in level of support. This shift will allow for greater lengths of coverage for halfway house clients, an additional number of houses contracting within the state system as well as the availability of developmental support funds for additional houses.

The above factors, all associated with the shift in funding responsibility, have necessitated a significant revision in the Division's payment and monitoring policy in regard to halfway house services.

The pilot employment project which services halfway house programs in the Greater Boston area continues to offer vocational counseling, job preparation training and placement services to halfway house residents. This has proven to be a successful approach to the delivery of assistance and preparation for work to residents at that stage in treatment where re-entry into the job market is crucial.

Title XX training resources are widely utilized by employees of the halfway house system for whom skill-building and academic advancement are sought. Other training resources are made available as needs are identified.

Increases in community residential services for women and minorities become necessary as outreach and education programs successfully identify problem drinkers amongthese populations and refer them into the treatment network. The use of Determination of Need process will assist in insuring that future growth reflect these needs, as revised Determination of Need guidelines set standards for the development of such programs.

b. Objectives

14.1 Maintenance and strengthening of the state's 46 halfway house programs.

- continuation of funding (ongoing)

- continuation of fiscal monitoring (ongoing)

- continuation of programmatic monitoring (ongoing)

- continuation of technical assistance to existing and developing houses (ongoing)

- continuation of liaison relationship with statewide association (ongoing)

14.2 Development and support of new halfway houses in accordance with need statistics and regional planning.

- provide technical assistance in establishing new halfway house services (ongoing)

- consult with and provide technical assistance to the Department of Public Health's Determination of Need Division (ongoing)

- provide technical assistance to houses in billing and collection procedures (ongoing)

- provide programs with technical assistance in program development (ongoing)

14.3 Expansion of funding support for newly developed halfway houses.

- securing of state funds to support new houses (7/80 on)

- technical assistance to houses in securing non-Division funds (7/80 on)

14.4 Continued implementation of services mandated by the implementation of the new halfway house rate.

- provision of technical assistance where necessary in the provision of upgraded services required by the new rate (ongoing)

14.5 Effective monitoring of the paymentsystem to halfway houses.

- training the halfway houses in new payment system (ongoing)

- provision of technical assistance in complying with new payment system (ongoing)

- continuation of development of monitoring system to ensure the compliance with new payment system (6/81)

14.6 Further planning and development of halfway house services for special populations, particularly women and minorities.

- continue to provide technical assistance to program staff to better meet the needs of special populations (ongoing)

- continue to support existing services which serve special populations (ongoing)

- continuation of liaison relationship with statewide women's association (ongoing)

c. Cost

State	Formula Grant	Uniform Act	Total
$5,220,807	$60,911	0	$5,281,718

GOAL 15: To maintain and where possible expand the network of alcoholism outpatient program.

a. Past and Present

Ambulatory services continue to be a high priority area which the Division of Alcoholism wishes to maintain and to expand services wherever possible. The total number of outpatient programs in FY 80 is 31. Outpatient programs saw 7,500 new admissions during FY 1979. It is anticipated that 8,300 admissions will be served and a total of 115,000 client contacts delivered in fiscal year 1980.

Licensing efforts for these facilities met with several stumbling blocks during the past year, but these have been negotiated. It is anticipated that licensing for alcoholism outpatient facilities will be included in the Department of Public Health's overall clinic classification, due to be promulgated in the near future. Licensing of these facilities is desirable in order to insure the quality of services delivered through this modality and to set groundwork for this section of the treatment system to collect reimbursement for services through the third-party system.

Efforts to enable the outpatient facilities to bill third-party payers will be continued this year. It is anticipated that progress will be made through appropriate legislation as well as through negotiations with the Department of Public Welfare's Medicaid Certification Program.

Four Women's Day Treatment Programs were developed and funded through a competitive Request for Proposal procedure during fiscal year 1979. These programs, which are more fully discussed under Secondary Prevention, are based on a model which provides outpatient day treatment for mothers, with supportive day care services for their children. Another innovative program provides supportive group counseling for the children of parents in outpatient treatment.

The expansion of the outpatient system combined with the linking of the system to other categorical and generic health services continue to be a high priority, particularly because of the

rising demand placed on the outpatient system due to the increasingly effective and growing secondary prevention programs. The Division of Alcoholism plans to strengthen the outpatient system through improved monitoring and evaluative techniques based upon client data generated from the new Management Information System.

b. Objectives

15.1 Maintenance and support for the state's 30 alcoholism outpatient programs.

- continuation of funding (ongoing)
- continuation of fiscal monitoring (ongoing)
- continuation of programmatic monitoring (ongoing)
- continuation of technical assistance to existing programs (7/79 on)
- continuation of liaison relationship with statewide association (ongoing)

15.2 Expansion of the alcoholism outpatient program services system in accordance with need statistics and regional planning.

- provide technical assistance in developing new outpatient programs (ongoing)
- consult with and provide technical assistance to the Department of Public Health's Determination of Need Division (7/80 on)

15.3 Continuation of efforts to include alcoholism outpatient programs in third-party reimbursement systems, through both licensing and regulation.

- amend legislation to allow for the licensing of alcoholism outpatient programs (6/81)
- develop alcoholism clinic licensing regulations (ongoing)
- data collection on costs, patient coverage, and revenue projections (ongoing)
- provide outpatient programs with technical assistance to prepare for entering into contractual agreements (6/80 on)
- provide outpatient programs with technical assistance in developing sliding fee scales for self payors (ongoing)
- provide outpatient programs with technical assistance in developing billing and collection procedures (ongoing)

15.4 Development of systematic aftercare and follow-up procedures for all alcoholism outpatient programs.

- assess the current state of aftercare and follow-up procedures for alcoholism outpatient system (ongoing)
- determine model aftercare and follow-up procedures (6/81)
- develop guidelines for systematic aftercare and follow-up procedures (6/81)

15.5 Strengthening of the quality of care in alcoholism outpatient services through improved client data gathering and program evaluation.

- compile and assess data generated through Division of Alcoholism Management Information System (ongoing)
- develop and revise outpatient program evaluation system (ongoing)
- identify key areas to be strengthened (6/81)
- provide technical assistance in meeting standards developed for appropriate quality of care delivery (ongoing)

15.6 Improvement of the capacity of the existing network of alcoholism outpatient programs effectively serve clients from special needs populations, including women, minorities and youth.

- assess existing utilization patterns based on MIS data (ongoing)
- identify gaps in services and training resources (ongoing)
- continue to provide technical assistance to program staff to better meet the needs of special populations (ongoing)

c. Cost

State	Formula Grant	Uniform Act	Total
$1,671,805	$326,992	0	$1,998,797

GOAL 16: To develop models and a statewide distribution plan for treatment program types that are presently not a part of Massachusetts comprehensive alcoholism service system.

a. Past and Present

The goal of a full range of alcoholism service required continued activities in Massachusetts toward development of those types of

treatment facilities that are presently not operating in the state or few in number. Short-term physical recuperative and intensive social rehabilitation programs for alcoholics are among the categories of service for which there is a documented need but a limited number of available beds. Existing beds within this category are primarily hospital based, and future development is required such that programs are offered in a range of facilities such as detoxification centers and community residential programs.

The development of preliminary need statistics along with program models and cost guidelines has been started in the past year. Also, the Division currently contracts for the operation and evaluation of a pilot short-term intensive rehabilitation program. The information provided by this project assists greatly in the planning and development of facilities in this category, as does the assistance of the technical advisory group in identifying related issues.

Nonetheless, further work is needed to finalize distribution plans for these facilities, to coordinate development of additional pilot projects and to complete program designs which will allow for fullest possible utilization of third-party reimbursement.

b. Objectives

16.1 Drafting of a revised comprehensive plan for development of needed physical recuperative, social rehabilitation and long-term custodial care beds in accordance with formulas and regional planning.

- develop questionnaire and implementation process to ascertain existing services within newly revised definitions in conjunction with technical advisory group (4/80)

- revised tabulation of existing resources throughout the state (9/80)

16.2 Completion of program models, cost guidelines, and draft rules and regulations for all of these facility types.

- distribution to appropriate agencies for review and comment (8/80)

- development of physical recuperation model (9/80)

- distribution for agency review and comment (12/80)

16.3 Development of a variety of funding alternatives for these facility types such that their programs can be self-supporting to the greatest degree possible, while insuring that services are available to everyone in need.

- maintain liaison with Medicaid, other third-party payers (ongoing)

- assessment of applicability of existing reimbursement system to these program types (6/81)

16.4 Program planning such that these services are appropriate and accessible to special needs groups such as women, minorities, and young problem drinkers, as well as the range of clients of all economic levels.

- assess existing utilization patterns for all service types by these target groups (ongoing)

- identify current alcohol-related services provided by generic service providers (ongoing)

c. Cost

State	Formula Grant	Uniform Act	Total
$52,348	$18,000	$119,224	$189,572

GOAL 17: To begin implementation of a statewide plan for the development of training activities for alcoholism prevention and treatment professionals at all levels within the service system.

a. Past and Present

The sizable expansion of the alcoholism prevention and treatment program network has created an increasing demand for qualified personnel although training opportunities have been made available for a variety of professional and para-professional roles, additional programs and improved coordination or resources are nonetheless greatly needed. Current contracting by the Division of Alcoholism can respond to only a small part of the overall system used at present.

Nonetheless, statewide conferences on special needs of youth and the elderly, alcohol and family systems, special needs of women, grant writing and 'burnout' continue to be presented to a wide range of staff at all levels of the service system.

In addition, regional training seminars for personnel in recovery homes, outpatient clinics, detoxification centers and driver alcohol education programs have covered issues such as group dynamics, interviewing techniques, case management skills, among others.

Last year an extensive planning effort was undertaken in preparation for the NIAAA initiative in manpower capacity building.

As a result of this effort, the design of a state alcoholism manpower system for training has been developed which will greatly enhance the quality of care provided at all service levels.

b. Objectives

17.1 To work with statewide alcoholism training committee on staff development and manpower issues for prevention, intervention and treatment.

- complete manpower development questionnaire and field test (7/80)
- administer questionnaire to all agency personnel (9/90 on)
- use results to develop staff development and manpower programs (10/80 on)

17.2 To coordinate available resources for use in the development of trainings.

- compilation and updating of Division-supportd training activities (ongoing)
- continue halfway house participation in Title XX training program (ongoing)
- pre-screening of N.I.A.A.A. training grants and selective support for those which will add to and integrate with existing activities (ongoing)
- participate in National Center for Alcohol Education training programs (ongoing)

17.3 To maintain Division-contracted training activities.

- maintain current training program in association with Division contracted services (1/81)

c. Cost

State	Formula Grant	Uniform Act	Total
$27,149	$8,457	$60,360	$95,966

SUMMARY STATEMENT

Because of continued financial austerity and continued increasing demands for treatment resources of all modalities, activities in the next fiscal year must concentrate primarily on system strengthening. Efforts will focus on making existing services more effective, as data from the Division of Alcoholism's new Management Information System becomes available. Licensing coordination and implementation of third-party reimbursement systems becomes increasingly important as financial austerity continues and demands for services increase. This area will be one of the prime areas of focus for the coming year. Where opportunities exist, expansion will take place in accordance with need statistics and regional planning. From the above priorities, it is hoped improved system linkages, improved program quality, and innovative treatment approaches will result.

Cost Summary - Tertiary Prevention

State	Formula Grant	Uniform Act	Total
$14,523,986	$900,426	$211,824	$15,636,236

AGENCY DEVELOPMENT

BACKGROUND STATEMENT

A. Philosophy and Approach

As public recognition of the impact of alcohol abuse and alcoholism has grown, and as public and private support for prevention, intervention and treatment resources has increased, the role of the Division of Alcoholism in the planning, development, implementation and regulation of alcohol abuse and alcoholism services has become more complex. The functions of the Division as the state alcoholism authority include advocacy, research, program coordination and planning, system development, licensing regulation and financial support. This section presents an overview of agency approaches to the fulfillment of its diversified roles, an assessment of the existing resources available in this task, and a delineation of current goals and objectives for fulfilling agency mandates.

The need for effective, community wide advocacy for acceptance of alcoholism as a treatable illness and for the sensitization of caregivers, officials, and the general public in this regard is fundamental to the development of an effective network of community-based treatment and prevention services. As the developing alcoholism service system continues to extend more extensively into existing medical, education, legal and generic service systems, efforts at educating a wide range of professionals become important as well. For achievement of long range goals of integration, acceptance and support for treatment and prevention in generic systems, the Division must focus efforts at instilling positive attitudes toward the treatment of alcoholism so as to reduce stigma and thereby promote recovery.

The Division of Alcoholism has assumed the responsibility for promoting an active program of research into the nature of alcoholism within the Commonwealth, with particular attention focused on determining the needs of the potential problem drinking population and the scope of that potential client population. Research must also focus on the validity of existing treatment, intervention and prevention philosophies in order to link such activities with more effective program design. While the agency supports only a portion of the overall research effort within the state, the Division assumes the responsibility for insuring that accomplishments within this area are utilized in the development of the service system.

The Division places great emphasis on the evaluation of existing programs as well as on the field testing of models for program and strategy development. All new programs and methodologies incorporate evaluation activities to insure the feedback necessary for continuing refinement of program expectations and goals. As the effort required to

effectively evaluate and monitor agency activities and programs expands with increasing program activity, the agency has found it necessary to prioritize its evaluation objectives.

Program coordination and system planning and development are closely inter-related activities. As the alcoholism treatment system becomes more complex, so does the environment in which it functions. Thus, as issues such as third-party reimbursement, cost containment and program integration become more differentiated and diffused throughout the health and social service systems, the Division finds its own planning and development activities interacting with those of an increasing number of agencies, organizations and groups. Decisions made within other contexts have direct impact on the categorical alcoholism system. Through joint planning and inter-agency linkages, the Division attempts to maximize the positive results of such actions and minimize the deleterious consequences of decisions made in other contexts. Very often decisions made with shared goals in mind result in very different results for the categorical program. In promoting the integrity of the categorical program and seeking to develop its strength, the Division has established working relationships with many relevant agencies.

As the major source of support for developmental activities in regard to the categorical alcoholism system, the Division of Alcoholism has taken a broad approach to tasks within this context. Thus, not only has the agency assumed the responsibility for the development of model programs and strategies, but has developed a methodology which allows for the greatest input from existing providers and community resources. The promulgation of program guidelines and expectations is based on an extensive assessment of current activities as well as the review and comment of all interested providers and consumers of services. This process not only insures maximum input, but also encourages participation in agency activities in other areas.

The use of community resources extends beyond the planning and development of services. The Division contracts exclusively with local service providers for the delivery of all treatment, intervention and prevention services. Moreover, in coordination with the Advisory Council's planning process, local groups, agencies and individuals are encouraged to participate in extensive needs assessment processes, so that agency planning adequately reflects current service needs at the local level.

The licensing and regulation of alcoholism services is another important function of the state alcoholism authority. As the agency responsible for the drafting and implementation of program regulations, the Division seeks to promote the highest level of service quality while at the same time insuring that such services are delivered in the most cost-effective manner. While the Division now shares the responsibility for this task, current efforts aimed at consolidating the agency's authority to develop not only regulations, but to implement licensure for all alcoholism services is under legislative consideration.

In regard to funding and program management, the Division has made clear its emphasis on sound fiscal policies which promote the maximum utilization of budgeted funds, the allocation of contracted funds to community-based agencies, the use of advanced methods of cost allocation, the avoidance of excessive construction and overhead costs, and the development of financial monitoring systems which prevent poor program administration and the misuse of funds. The Division has also succeeded in maintaining its reimbursement mechanism, which assures service providers prompt payment, thereby diminishing cash-flow problems among contractors.

While the above discussion of agency approaches to its current responsibilities should provide the reader with a fundamental understanding of the underlying principles of agency activities, the array of such activities is by no means complete. What has been presented represents the major tasks which confront the Division of Alcoholism, and should not be viewed as an exhaustive analysis. It should be viewed in conjunction with other activities described under other topic headings for a more complete overview of current goals and objectives.

B. Agency Resource Analysis

While agency responsibility, activities and contracted services have grown over the past year, the size of Division staff has barely kept pace with this growth. Staff utilization reflects two fundamental principles: maximum utilization of staff expertise and resources, and a desire to maintain the highest possible degree of program services with the least possible administrative cost. With 31 professional and 13 non-professional staff employees in six regional and one central office, the Division of Alcoholism maintains a small size in comparison to other agencies with similar fiscal and regulatory responsibilities. Just as the service system is seen as a network of differentiated providers offering an array of services, so is the allocation of staff resources in terms of achieving agency objectives. While the agency is organized into six distinct units, including the office of the director, administration and finance, research, prevention, resource development and field operations, tasks are accomplished through the collective activity of a variety of relevant personnel. Not only does this approach yield the maximum input from a diverse range of professionals with a variety of skills, but it enhances and promotes increased communication within the agency as well. Regular staff meetings augment this effort and serve to offer the staff the opportunity to interact and share ideas on broader issues of policy and procedures.

The Division currently administers over 180 contracts with a total budget of about $20 million. Both the size of its budget allocation and the actual number of contracting providers has increased steadily over the past years. This development makes an evaluation of agency resources in the context of administration and monitoring crucial for continued effectiveness in these tasks. These and other issues relating to need are discussed in the following section.

C. Agency Gaps and Deficiencies

The increasing demand for services provided by the alcoholism system and resulting level of activity and the resources available to the Division to effectively monitor, regulate and administer this activity has resulted in a situation where in personnel size and staff turnover have assumed prominent attention. The level of activity is necessary for the agency to meet its obligations in terms of carrying out of needed tasks, while the latter reflects a need to establish a more attractive career ladder in order to attract and keep qualified professional staff.

In addition to its internal staff-related needs, the Division views several other areas as requiring additional attention. These areas reflect agency concern over both the management and regulation of the categorical service system, as well as the need to develop the capacity to plan for the development and support for the projected growth in the system itself. Full implementation of the Management Information System is a necessary achievement toward these ends. With almost all preliminary activities completed, full implementation will be sought for the coming year.

Closely related to the implementation of the MIS system is the design and implementation of procedures geared to program evaluation and monitoring. The data gathered through the MIS system must be reported in a form useful for such tasks such that information is utilized to the maximum extent possible for program planning and development purposes. Thus, efforts targeted at building the agency's capacity to utilize such data are necessary for the data to be effective.

Service expansion has necessitated expanded classificatory and regulatory activities as well. While the authority to license alcoholism services is shared between several Divisions of the Department, an important need concerns the coordination of such authority and the consequent benefit of heightened coordination and collaboration. In addition to this regulatory situation, the relatively uneven development of program components warrants increased attention. With detoxification and halfway house regulations under revision, and outpatient regulations currently under review, a major gap remains in the development of clear standards for both intensive rehabilitation and recuperative programs.

Intensified efforts at integrating alcoholism service planning and development within that of the generic health system remains an important need. The development of formal and productive relationships with established health planning agencies, while making positive advances, still requires further attention. Moreover, the Division must support all efforts at involving service providers and consumers in the range of planning activities available to them at the local and statewide level. The participation of service vendors and consumers on the State Health Coordinating Council, as well as local Health Systems Agencies remains a priority. In addition, the Statewide Advisory Council on Alcoholism, already assuming an increasing role in developmental activities, is an available resource with which increased coordination in planning efforts can be realized. A more formal and structured plan for assessing local alcohol-related needs, initiated this year, requires further attention in order to maximize its usefulness.

With public resources facing austerity and little support for expansion, a major need within the context of alcoholism services remains the broadening of the financial base on which services are financed. Several activities, including licensing, regulation, evaluation and monitoring, contribute to the realization of this goal. Expanding the coverage of third-party reimbursers to include a comprehensive range of treatment services requires a degree of planning and negotiation which consumes staff resources already spread thin. Coordination of planning with existing third-party mechanisms such as Medicaid, SSI and insurance carriers will set the groundwork for additional alternative sources of support. The encouragement of vendors to secure a range of support mechanisms rests on providing them with fiscal incentives to pursue such objectives. A combination of legislative and administrative actions is required before this approach can be realized to its fullest extent.

As the above discussion indicates, the needs of the state authority in meeting its own goals and objectives reflect a broad spectrum of resources, tools and methods. Accomplishment of these agency goals will provide a stronger foundation for continued system growth and functioning.

1981 GOALS AND OBJECTIVES

GOAL 18: To complete implementation of the Division's full Management Information System for all program categories.

a. Past and Present

Planned during FY 1977 with funds from a special grant, the Division's Management Information System although delayed, has proceeded steadily from its initial concept to its full implementation for all Division-funded outpatient, halfway house, detoxification and driver alcohol education programs. Two full years of data have been collected from participating programs. Due to problems associated with data processing software and the adherence of the system to confidentiality statutes, only four months of data have been processed at this time. Software problems are expected to be eliminated by July 1, 1980, which in conjunction with the favorable decision regarding confidentiality issues from the Office of the Attorney General, will secure the full operation of the system both in terms of data collection and output reporting.

b. Objectives

18.1 Process backlog of data and begin normal operations by September 1980.

- screen forms for accuracy of critical items (ongoing)

- contact programs to receive missing information (ongoing)

- submit forms for keypunching (ongoing)

- produce batch-update reports for all months (ongoing)

- correct identified errors (ongoing)

- run edit-update output report to screen for appropriate values (ongoing)

- run output reports (ongoing)

- check output reports for accuracy (ongoing)

- duplicate output reports and distribute to programs (ongoing)

18.2 Begin collecting weekly activity reports from all programs by July 1, 1980.

18.3 Expand MIS data collection to include all relevant special projects and Phase II of the DWI programs by July 1, 1980.

- provide training to appropriate program staff in MIS procedures (various)

- distribute forms to program providers (ongoing)

18.4 Continue to investigate the possibility of collecting MIS data from the Public Health Hospitals and DMH's Community Mental Health Centers.

- maintain contact with agencies and investigate interest (ongoing)

18.5 Investigate the need for a special MIS form for Phase II use only.

- meet with Phase II providers to assess needs (9/80)

- meet with Division staff to assess information needs (10/80)

- design form to reflect program and staff requirements (12/80)

18.6 Calculate the reliability and validity of the rating scales contained in the MIS forms.

- review existing literature in this context (ongoing)

- preliminary statistical analysis of MIS data (12/80)

- complete statistical analysis (6/81)

18.7 Expand the MIS data base (if keypunching funds are available) by processing individual client information from the years 1965 to 1972.

- begin to code existing data and prepare for keypunch (4/81)

- complete coding and keypunch processing (6/81)

18.8 Use FY 79 and FY 80 MIS data to develop a better estimate of the prevalence of alcoholism in Massachusetts.

- review prevalence literature and existing methodologies (ongoing)

- formulate analysis plans (2/81)

- complete computer processing of data and issue report (4/81)

18.9 Develop and implement procedures to determine the utilization of treatment resources by youth, women and minorities.

- identify data categories which reflect issues relating to specific target populations (1/81)

- analyze existing data base and produce report (6/81)

c. Cost

State	Formula Grant	Uniform Act	Total
$104,217	$40,000	0	$144,217

GOAL 19: To develop and test program evaluation procedures for state supported alcoholism prevention and treatment programs.

a. Past and Present

In response to the continuing need for extensive evaluation efforts directed at all Division-supported programs, several distinct strategies have emerged. Individual program-specific evaluation studies, such as the study of the driver alcohol education program in Brockton, provide in-depth analysis of program impact within a limited context. A broader evaluation of the Phase II demonstration programs, undertaken in conjunction with the Department's Evaluation Unit, is expected to provide much-needed data concerning both program implementation and outcome. Several program-specific evaluations directed to determining the impact of the Division's youth programs, have yielded valuable information in regard to client services and characteristics as well as program effectiveness. A one-year follow-up study of four women's three-quarter-way houses determined this approach to post-halfway house services to be effective in reducing the length of stay of clients within referring houses, as well as in assuming a self-sufficient status within a reasonable period of time. As MIS data become available, knowledge of existing treatment program operations becomes enhanced.

b. Objectives

19.1 Develop a model for the evaluation of all Driver Alcohol Education Programs, including the development of an alcoholism knowledge test, as well as tests to measure attitudes towards alcohol use.

- complete Phase II evaluation study and identify areas for program change (6/80)

- revise Program Guidelines to reflect necessary changes (9/80)

19.2 Develop a master plan for the evaluation of the Regional Primary Prevention Centers.

- review of literature and program materials in regard to primary prevention (ongoing)

- development of evaluation instruments and data collection process (10/80)

- begin initial implementation of evaluation strategy (12/80)

19.3 Begin to train programs to write statements of program objectives and goals. These statements will be used in conjunction with MIS baseline data to begin the process of routine system-wide program evaluation.

- prepare training manual (6/81)

- schedule training sessions (6/81)

- complete training for program providers (FY 82)

- collect data concerning goals and objectives from each program (FY 82)

19.4 Design and implement an evaluation of the utilization of detox facilities by women and minorities to aid in program planning.

- identify relevant data elements within MIS data bank (1/81)

- identify current usage patterns by region and facility (6/81)

- program recommendations based on data analysis (FY 82)

c. Cost

State	Formula Grant	Uniform Act	Total
$41,754	0	$102,700	$144,454

GOAL 20: To enlarge and strengthen the Division of Alcoholism's capacity to manage the state's comprehensive alcoholism service system.

a. Past and Present

The long range personnel reorganization plan of the agency is meeting with success. In addition to the upgrading for the position of Director, the Division has been able to implement staff increases and upgrading in a variety of areas, including management, field staff, planning and program monitoring. The personnel reorganization plan represents a major management activity during the past year.

The Division of Alcoholism is currently developing measures of financial effectiveness with which to monitor its present vendor system. These measures, in conjunction with standards and criteria for program assessment, will provide the needed framework for augmented program review. In addition, all contracted services will undergo a periodic review procedure, pursuant to executive guidelines, which will insure that services are provided effectively and at the lowest possible cost.

Steps have been completed to shift the manner in which the Division purchases services from private vendors. A unit-cost approach has been implemented for the halfway houses and will be started as of July 1, 1980 for the detoxification centers. The unit-cost approach will necessitate changes in the manner in which the agency manages its program services and will provide the impetus for cost-effective service delivery.

b. Objectives

20.1 Development of formal management policies for program monitoring through the implementation of standards and guidelines for fiscal and administrative policies.

- identify existing guidelines for fiscal and administrative procedures (9/80)

- identify gaps and discrepancies in practices (10/80)

- develop appropriate guidelines to reconcile discrepancies and fill gaps (11/80)

- assess compliance of agency policies with existing state regulations (12/80)

- publish comprehensive agency manual compiling all appropriate regulations and policies (1/81)

20.2 Implementation of unit-cost principles to the purchase of additional treatment services.

- redesign the reimbursement process from a line item to a unit cost system (7/80)

20.3 Further development of management policies which will encourage vendors to secure a range of support for service provision, including other sources of state funds as well as third-party carriers.

- passage of legislation enabling providers to retain revenue collected from third-party sources (6/80)

- determination of current level of revenue collectable through the third-party system (8/80)

- development of an incentive based system of agency reimbursement that will stimulate providers to actively pursue third-pary revenues (9/80)

- development of policy regarding state support to treatment services which will effect variations in provider capacity to generate third-party revenues (1/81)

c. Cost

State	Formula Grant	Uniform Act	Total
$285,644	$85,407	0	$371,051

GOAL 21: To maintain a licensure capacity for currently licensable alcoholism services and to extend a licensure capability to the full spectrum of alcoholism service categories.

a. Past and Present

Under the provisions of Chapter 1076 (Acts of 1971) and Chapter 1040 (Acts of 1973), the Division currently licenses twenty-one detoxification centers and fifty halfway houses. During FY 80 the majority of the detoxification centers and several of the halfway houses received license renewals. In addition three halfway houses received original licenses. A considerable amount of activity was invested in the completion of regulations for alcoholism outpatient services and in discussion with the Division of Health Care Standards in order to finalize the inclusion of the alcoholism clinic standards in the Department's scheduled proposed regulations for the governance of clinics. The implementation of these proposed clinic regulations awaits the completion of the review and approval process. The priority effort to develop regulations for short-term, intensive rehabilitation services resulted in a completed draft. The review and promulgation procedures of these new regulations will be initiated during FY 81

with July 1981 as a target date for implementation. At the present time, the short-term rehabilitation regulations will be amended to the detoxification possibly, and, to the halfway house regulations. This strategy serves to assure that the drafted detoxification regulative revisions also will be reviewed and promulgated. In the event that pending Legislation to expand the Division's licensing of alcoholism services (S-556) is enacted, both the outpatient and the short-term, intensive rehabilitation regulations may be separately promulgated under the provisions of that Legislation. The current regulations for halfway houses are scheduled for a thorough review and revision in FY 81. The revisions are necessary to reflect the changes and the upgrading of the halfway house service network. Finally, during FY 81 the further specification and elaboration of details for the other categories of service (medical recuperative; long-term custodial) will be developed and implementation strategies planned.

b. Objectives

21.1 Continued implementation of licensure procedures, original and renewal, for detoxification facilities and halfway houses.

- continue to work on detoxification centers and halfway house licensing regulations (ongoing)

- contact, visit, and inspect detoxification centers and halfway houses due for licensure renewal (ongoing)

21.2 Initiation and completion of steps necessary for the review and promulgation of outpatient and short-term, intensive rehabilitation alcoholism licensure regulations.

- circulate final draft of licensure regulations to Division staff, providers and Departmental offices for review and comment (12/80)

- hold public hearing and solicate comments (3/81)

- complete steps to secure Public Health Council approval (7/81)

21.3 Draft revisions and initial drafts of regulations for other services.

- pending passage of enabling Legislation

c. Cost

State	Formula Grant	Uniform Act	Total
$75,612	$18,479	0	$94,091

GOAL 22: To develop, initiate and coordinate activities aimed at the inclusion of alcoholism services in a variety of reimbursement systems.

a. Past and Present

Under the provisions of Chapter 1221 (Acts of 1973), a major piece of health insurance legislation, two types of alcoholism services, the detoxification centers and some outpatient programs, are eligible for insurance reimbursement. Both private insurance carriers and some health maintenance organizations have contracted with community alcoholism service providers in order to offer such mandated services to their subscribers. However, there is presently no where near total acceptance of the varieties of cost-effective alcoholism services by third-party reimbursement programs, public and private. The Division is continuing to identify the necessary tasks which need to be done and to enlist the cooperation necessary to complete these tasks. In FY 80 the Executive Office of Human Services was influential in enabling the Division of Alcoholism and the Division of Medicaid Payments in the Department of Public Welfare to explore the feasibility of developing procedures to make detoxification facilities eligible for participation as Medicaid vendors. Through two surveys, it is estimated that upwards of twenty percent of the current state reimbursement payments for detoxification services could be Medicaid reimbursable. The efforts to expand licensure to more of the service categories (short-term intensive rehabilitation and alcoholism outpatient clinics especially) is an integral facet of this effort to broaden the revenue base of alcoholism providers. By making the licensure of freestanding, community based alcoholism services possible, in the long run insurance coverage of these cost effective models will be less expensive. Other continuing tasks include: supporting legislation to expand mandated insurance coverage of alcoholism services and to rescind subrogation provisions in Chapter 111B; continuing cooperative planning with other relevant state agencies (other Public Health Divisions, Medicaid, Rate Setting Commission) and advocacy for and support of provider - health insurance company agreements for expanded coverage of cost-effective alcoholism services.

b. Objectives

22.1 To continue the process with Medicaid to determine detoxification facility eligibility for payment.

- work directly with Department of Public Welfare to determine feasibility of Medicaid payment of Division licensed detoxification facilities (ongoing)

22.2 Continued support for the passage of necessary licensure and reimbursement legislation.

- participation in legislative study group involved in determining effectiveness of proposed legislation (ongoing)

22.3 Continued provision of coordination and information activities to alcoholism services' providers in their efforts to obtain licensure and meet conditions for participation in public and private insurance reimbursement programs.

- identification of service providers seeking to develop contractual relationships with health insurance carriers (ongoing)

- assessment of individual provider needs in meeting requirements (ongoing)

- delivery of relevant technical assistance in complying with requirements (ongoing)

c. Cost

State	Formula Grant	Uniform Act	Total
$58,809	$40,583	0	$99,392

GOAL 23: To develop more fully the Division's current program planning procedures, as a part of the overall statewide health planning effort.

a. Past and Present

This year, the Division of Alcoholism has made great strides in integrating alcoholism services' planning into the generic health planning system as defined by P.L. 93-641 (The National Health Planning Act). For the first time in Massachusetts, alcoholism services were integrated within the generic components (health status, promotion, ambulatory care, acute care and long-term care) of the second year State Health Plan, developed by the State Health Planning and Development Agency. This integration into the generic health system is a direct result of the close contact and coordinated efforts of the Division with the Office of State Health Planning.

Instrumental in the planning efforts of the Division was the formulation of the Technical Advisory Group on alcoholism sponsored jointly by the Governor's Advisory Council on Alcoholism and the Office of State Health Planning. The Technical Advisory Group is broadly representative of individuals who have demonstrated expertise in alcoholism issues and service delivery. The Advisory Group has two functions: 1) advise the Office of State Health Planning in the development of the State Health Plan, and 2) provide technical assistance to the statewide Task Forces established by the Department of Public Health for standards and measures development to be used in the Determination of Need Program. In

addition to the Technical Advisory Group, a staff work group was formed to provide support to the Technical Advisory Group. This group's responsibilities include preparing position papers and conducting research on issues raised by the Advisory Group. The staff work group includes representatives from the HSA's, appropriate state agencies, third-party payers, consumer and provider groups, and voluntary and professional organizations. One of the first tasks undertaken by these two groups was the revision of the interim Determination of Need Guidelines, which were first developed in August, 1978. In revising the D.O.N. guidelines, the TAG and SWG identified the issues which must be resolved before the standards and measures for categorical alcoholism services can be developed.

With the creation of the P.U.F.F (Proposed Use of Federal Funds) regulations, effective November 8, 1979, the Division is working with the HSA's to develop review criteria for alcoholism applications. Presently, the Division is working informally with the HSA's in reviewing applications for federal funds. Additional activities are necessary in this area to better maximize the flow of information both within regions and between the HSA's and the Division of Alcoholism.

b. Objectives

23.1 Maintain current working relationship with Office of State Health Planning.

- continue weekly discussion with substance abuse planner in Office of State Health Planning (ongoing)

23.2 Maintain membership on Staff Work Group.

- participate and offer support on the part of the Division (ongoing)

23.3 Strengthen liaison relationships in the Division to handle HSA related activities.

- identify health planner in Division as liaison to HSA's (7/80)

- contact and form relationship with each HSA substance abuse planner to identify common planning needs (11/80)

- formulation of memoranda of agreement with HSA's (6/81)

23.4 Formulation of P.U.F.F review criteria for the HSA's.

- contact each review person in the HSA's to identify common strategies for reviewing federal applications (11/80)

- development of review criteria (1/81)

23.5 Development of regional planning protocol.

- inventory of existing planning mechanisms and resources in the regions (9/80)

- formalization of regional planning committees to include representatives from the HSA's consumers, alcoholism providers, and any minority group in the region (10/80)

- development of regional specific optimum services' array to set minimum service availability (2/81)

- identification of successful planning strategies to maximize community input (4/81)

23.6 Development of standards and measures for alcoholism services based on revised D.O.N. guidelines.

- inventory of resources to include: type, location, capacity, personnel, utilization, and financial resources (7/80)

- estimate prevalence and incidence of alcohol abusers and alcoholics in the population, including estimates of the problem within special population groups (youth, minorities, women, elderly) (12/80)

- specification of treatment categories to include target population, appropriate treatment setting, licensure strategy, service cost, and third-party reimbursement potential (6/81)

c. Cost

State	Formula Grant	Uniform Act	Total
$75,612	$20,196	$54,967	$150,775

GOAL 24: Maintain and enlarge the Division's current coordination with a variety of local, state and federal agencies.

a. Past and Present

For the past year, the Division has maintained, and, for the most part, strengthened its ties with other agencies. Through our coordination of alcoholism planning with the generic health planning system, our relationship with the Office of State Health Planning has been increasingly strengthened. Also with the formation of the Technical Advisory Group on Alcoholism, the Division has begun to develop more meaningful linkages with the Department of Mental Health, Department of Welfare and the Rate Setting Commission.

Presently, the Division is beginning to develop strategies to coordinate with hospital-based programs and the private sector. Up until now, little data has been available concerning services and their utilization in the private sector. However, in order to complete a statewide alcoholism services resource inventory, the Division must cultivate its ties into this private sector to more definitively gauge the alcoholism resources in the state.

At this time, the Division is working to establish a relationship with the Governor's Highway Traffic Safety Bureau with the goal of developing a media education program around the issue of drunken driving. In conjunction with the state effort, the Division's Criminal Justice Coordinator is also working with the National Highway Safety Administration in hopes of procuring federal funds to deal with the issues around alcohol and public safety. Additional coordination efforts continue to be maintained with a variety of Service Providers, Advocacy Groups and other State and Federal Agencies.

b. Objectives

24.1 Continued coordination with a range of local, state and federal agencies and organizations to improve the quality and quantity of alcoholism services within the Commonwealth.

- maintain participation in the Staff Work Group and Technical Advisory Group on Alcoholism to strengthen contacts with other state agencies (ongoing)

24.2 The development of strategies around issues of mutual concern with the Department of Mental Health.

- maintain and strengthen informal relationship with DMH planning unit (ongoing)

- development of formal memorandum of agreement with the Department of Mental Health 6/81)

24.3 Development of working relationship with the private based alcoholism programs.

- identification of all alcoholism resources in the private sector (9/80)

- strengthen relationship with hospital based programs (ongoing)

24.4 Development of working relationship with the Governor's Highway Traffic Safety Bureau.

- participate in joint program development activities of the Governor's Highway Traffic Safety Bureau (ongoing)

c. Cost

State	Formula Grant	Uniform Act	Total
$51,092	$24,407	0	$75,499

SUMMARY STATEMENT

The continued expansion and differentiation of the comprehensive system of services within the state directed at the treatment and prevention of alcoholism and alcohol abuse requires that the Division of Alcoholism respond to increasing program planning, management and evaluation needs with appropriate resources. Efforts in this regard range from expanded coordination efforts with all facets of the human service field to the development of tools and materials for effective program monitoring and evaluation. Although only indirectly related to the actual provision of treatment and prevention services, such activities are fundamental to insuring that such services are of the highest quality and cost-effectiveness. For this reason, they will remain a high priority for this agency.

Cost Summary - Agency Development

State	Formula Grant	Uniform Act	Total
$692,740	$229,072	$157,667	$1,079,479

SUMMARY OF FISCAL YEAR 1981
STATE, FEDERAL FORMULA GRANT, FEDERAL UNIFORM
ACT GRANT & TOTAL COST ALLOCATIONS
BY
PROGRAM OBJECTIVES AND GOALS

PROGRAM OBJECTIVES BY MAJOR GOALS	STATE	FORMULA GRANT	UNIFORM ACT GRANT	TOTAL
Primary Prevention				
1. Regional Prevention Centers	$ 547,756	$ 10,085	$ 0	$ 557,841
2. Training Prevention Specialists	38,400	10,000	0	48,400
3. Training & Utilization of Volunteers	30,720	5,000	0	35,720
4. Voluntary Organization	6,500	4,600	0	11,100
5. Primary Prevention Model Dissemination	9,500	6,833	5,000	21,333
6. Media Campaign & Educational Materials	7,733	12,890	4,700	25,323
Total Primary Prevention	$ 640,609	$ 49,408	9,700	$ 699,717
Secondary Prevention				
7. Services for Women	$ 226,288	$ 12,560	$ 0	$ 238,848
8. Services for Minorities	105,000	99,299	51,961	256,260
9. Services for Youth	115,070	89,729	0	204,799
10. Employee Assistance	15,626	19,629	0	35,255
11. Services for Drunken Drivers	2,690,306	0	0	2,690,306
12. Services for the Elderly	5,000	5,638	0	10,638
Total Secondary Prevention	$ 3,157,290	$ 226,855	$ 51,961	$ 3,436,106
Tertiary Prevention				
13. Detoxification Services	$ 7,551,877	$ 486,066	$ 32,240	$ 8,070,183
14. Halfway House Services	5,220,807	60,911	0	5,281,718
15. Outpatient Services	1,671,807	326,992	0	1,998,797
16. Development of New Program Models	52,348	18,000	119,224	189,572
17. Training & Scholarships	27,149	8,457	60,360	95,966
Total Tertiary Prevention	$14,523,986	$ 900,426	$211,824	$15,636,236

		STATE	FORMULA GRANT	UNIFORM ACT GRANT	TOTAL
	Agency Development				
18.	Management Information System	$ 104,217	$ 40,000	$ 0	$ 144,217
19.	Program Evaluation	41,754	0	102,700	144,454
20.	Program Management	285,644	85,407	0	371,051
21.	Program Licensing Process	75,612	18,479	0	94,091
22.	Fee for Service/Third Party Reimbursement	58,809	40,583	0	99,392
23.	Program Planning Procedures	75,612	20,196	54,967	150,775
24.	Inter-Agency Coordination	51,092	24,407	0	75,499
	Total Agency Development	$ 692,740	$ 229,072	$157,667	$ 1,079,479
	TOTAL	$19,014,625**	$1,405,761	$431,152	$20,851,538

**This figure reflects $2,666,768 in client fees collected for Driver Alcohol Education services by the courts, $16,347,857 representing the Governor's FY 1981 Budget Request. At the time of this submission, the State Legislature has the budget under consideration and actual figures will not be available until final passage of the state budget.

IV. OVERVIEW OF PRIORITIES

In the 1980 Plan, a detailed discussion is provided of agency philosophy, goals and objectives in regard to its current responsibilities. In addition, existing resources and needs relevant to the realization of these goals are described. Underlying this set of diverse agency activities are several issues of high priority which merit additional consideration. These five areas, which are presented in more detail below, are (A) education and prevention, (B) services for special population, (C) outpatient service system expansion, (D) program evaluation and training; and (E) regional planning and networking.

(A) Education and Prevention

As in past years, this area continues to rank high in priority for the Division. The increasing sophistication of the treatment system has made clear the need for additional conceptual and programmatic growth in this context. As funds are allocated for the expansion of prevention and education activities, local and statewide needs become more sharply defined. Successful programming generated heightened interest and demand, creating the need for more effective and efficient strategies and methods.

In accordance with this trend, The Division intends to continue its support of its eight regional primary prevention centers and to continue its efforts at developing program models, educational materials and other resources which will form the basis for a comprehensive system of primary prevention.

(B) Services for Special Populations

Developing a system-wide capacity to effectively identify and care for the needs of special populations is another of the Division's high priorities. Traditionally, the unique concerns of alcohol-abusing women, youth and minorities have not received sufficient recognition by generic health care agencies and the alcoholism treatment network. However, through increasing training and education efforts, awareness of the scope of the alcohol abuse and alcoholism problems among those populations has advanced. This increasing awareness creates growing demands for innovative and client-centered services for the treatment of alcohol-related problems.

In an attempt to meet these needs, the Division has established a Special Populations Resource Center and plans to continue to assign funds and staff resources toward program development in this area. Efforts concentrating on issues related to special populations include alcohol education and prevention projects geared to early self-identification of potential problem drinkers and actual alcohol abusers, structured staff

training and sensitization experiences targeted at improving program accessability and effectiveness, and work within the alcoholism treatment network to avoid duplication of services and promote maximum utilization of services by target populations.

(C) Outpatient Service System Expansion

While outpatient care has proven to be an effective way of providing needed health services in the most cost-effective manner, the development of ambulatory alcoholism treatment services has lagged considerably behind the development of other categories of care. For this reason, the Division continues to give high priority to the development of new and increased resources in this area. Through the various health planning channels available, including the State Health Plan, the Determination of Need Guidelines, as well as through regional Health Systems Plans, the Division seeks to lay the groundwork for additional outpatient services. Additional licensure developments, as well as the utilization of the third-party reimbursement resources within the state, are still needed in order to provide the support for innovative and fiscally sound programming.

(D) Program Evaluation and Training

With heavy agency emphasis being placed on strengthening the existing system of resources in a variety of ways, program evaluation and training continue to be important tools. Increasing data from the Management Information System as well as other evaluative activities directed at agency programs has created the need to prioritize needs in this context.

Development of program models, evaluation criteria and field testing procedures is proceeding incrementally. A statewide training plan and manpower needs assessment is in progress and will serve to focus agency attention in the future. Together these activities will help to increase the productivity and quality of care of all programs and heighten the effectiveness of the alcoholism treatment and prevention systems.

(E) Regional Planning and Networking

In response to a growing and increasingly differentiating array of alcoholism treatment, intervention and prevention services throughout the state, the Division has recognized the need to develop more consistent planning and program coordinating methodologies and strategies at the regional level. The implementation of regional planning and coordination will complement and enhance existing generic health planning efforts currently underway in the various Health System Agencies. Just as there exists a range of organizational approaches to this issue in the generic health planning sphere, so does there exist a range of approaches to regional planning and coordination within the alcoholism service field.

The Division will place great emphasis on the development of coordinated relationships between not only the elements of the categorical alcoholism system within the state's health service areas, but will emphasize the coordination of those elements with the generic health and social service delivery systems as well. This networking of service, fundamental to an effective and coordinated system of treatment and prevention resources, will depend on the involvement and support of both Division and Departmental staff as well as that of service providers, HSA planners and others.

V. ADVISORY COUNCIL ON ALCOHOLISM

To assist the Division of Alcoholism in carrying out the implementation plan outlined in the State Plan effectively, an Advisory Council on Alcoholism was organized. The Council is established according to Public Law 91-616, as amended by P.L. 93-282, and the Massachusetts General Law Chapters 1076 and 111B. Accordingly, the Council is composed of: 1) Representatives of non-governmental organizations or groups and of public agencies, and 2) at least two women, two rehabilitated alcoholics, and one minority person concerned with the prevention, treatment and control of alcohol abuse and alcoholism. The Council meets formally on the first Wednesday of each month, except during July and August. During FY 1980, no new amendments to these laws were passed to change the structure, duties, or by-laws of the Council.

Council members contributed directly to agency development through monthly meetings and by providing expertise and advice concerning specific tasks. Council members participated directly in review committees for the award of new grants and participated in the annual review of special project grants funded by the Division with formula grant funds. In addition, the members of the Advisory Council responded directly to requests from the Governor, the Legislators and the Administration for their views regarding problems of alcohol abuse in the community at large. The Council worked closely with the Massachusetts Association of Alcoholism Providers, the Massachusetts Council on Alcoholism, the Massachusetts Minority Council on Alcoholism and other groups to increase communications and collaboration so that the task necessary forthe effective discharge of agency and Council responsibilities could be accomplished.

The names, addresses, affiliations, and tenure dates of all Advisory Council members are provided at the end of this chapter. The following section summarizes the activities and accomplishment of the Council's various committees during the past year.

A. Legislative Committee

Members: Mr. Hartigan, Mr. Driscoll, Ms. Linehan, Mr. McGoldrick, Lt. Port, Mr. Barr.

The Committee focuses attention on six specific pieces of legislation including the following:

1) Licensure of Alcoholism Treatment Programs

Bills were filed to expand the authority of the Department of Public Health to license not only detoxification centers and halfway houses but also ambulatory care programs, day treatment programs, and intermediate care programs, specifically addressed at serving alcoholics.

2) Insurance Coverage for Alcoholism Treatment

Bills were filed to expand and define those individuals who may provide alcoholism treatment which would be covered by group health insurance policies, employees health and welfare funds, group hospital service contracts, and group medical service contracts.

3) Subrogation of Third Party Payments

Bills were filed to change the process of subrogation to allow the departments and contractors to expend third-party payments toward services related to the treatment of alcoholism.

4) Alcohol Education in the Schools

Bills were filed concerning instructional programs on the nature and effects of alcohol and alcoholism and programs relative to alcohol related problems in the schools.

5) Alcohol Education in Driver Education Schools

Bills were filed to expand the amount of time addressed to alcohol education in driver education schools and to develop curriculum to accomplish it.

6) Motor Vehicle Charges Related to Alcohol

Bills were filed to establish an alternative procedure for disposition of an incremental sanctioning of cases involving persons convicted of operating motor vehicles while under the influence of intoxicating liquors.

The Committee coordinated its efforts with regard to these bills with the efforts of the Massachusetts Council on Alcoholism, Massachusetts Association of Alcohol Providers, the Massachusetts Minority Council on Alcoholism, and the Department of Public Health.

B. Budget Committee

Members: Mr. McGoldrick, Mr. Hartigan, Mr. Hughes.

The Committee worked with the Department of Public Health to implement recommendations from the FY 1980 budget, which included recommendations for additional staff at the Division of Alcoholism, and an upgrading of existing positions to implement a new reorganization plan within the Division of Alcoholism. Also, included in the FY 1980 budget were cost of living increases for existing programs, additional funds for day treatment programs for women with dependent children, new funds for four additional regional primary prevention centers and a new program for prevention and outreach services to minority populations.

In addition, the Committee worked with the Department in developing recommendations for the FY 1981 budget, which included cost of living increases for existing services and continued funding of those programs which were begun in FY 1980.

The Committee worked closely with Massachusetts Association of Alcoholism Providers, Massachusetts Council on Alcoholism, the Massachusetts Minority Council on Alcoholism, and the Department in communicating to the Congress the concerns throughout the Commonwealth of the disastrous impact of the elimination of Federal Formula Grant Funds in the Federal 1981 budget. These funds, which serve as the cornerstone of the total effort in Massachusetts, will hopefully be reinstated in the Federal budget.

C. Technical Advisory Group Committee

Members: Mr. Hartigan, Ms. Dale, and Mr. McGoldrick, as well as representatives of the Alcoholism constituency throughout the State.

The Advisory Council on Alcoholism established a joint committee with the Statewide Health Coordinating Council and the Office of State Health Planning to work in coordinating the efforts of each group with regard to the State Health Plan, Determination of Need Guidelines, and a resource inventory and utilization survey. The Committee, which was provided staff by both the Department of Public Health, Division of Alcoholism, and the Office of State Health Planning, was effective in working to integrate the input from the alcoholism constituency into the State Health Plan. This year's plan included for the first time integration of alcoholism needs across the broadest spectrum of services. The Committee was instrumental in developing a continuing relationship that will provide regular input into the generic health care system.

In addition, the Committee made specific recommendations for changes in the interim Determination of Need Guidelines for categorical alcoholism services. The Committee is continuing to work on efforts to develop a comprehensive resources inventory and utilization survey. Full minutes of all of the meetings of this Committee are available at the Department of Public Health.

D. Committee for the Development of Regional Plans

Members : Mr. Hartigan, Mr. Hughes.

To advance the regional planning efforts which were initiated last year, the planning committee met in October to decide the best strategy for continuing the regional planning process. At this time, it was agreed to maintain last year's membership for each regional planning committee, which included representatives from the advisory council, the minority populations, the councils on alcoholism, the alcoholism providers, and the HSA's. Also, a consensus was reached to work towards integrating our regional planning process with that of the HSA's.

Because all the HSA's have now included alcoholism services in their HSP's and because all the HSP hearings followed our time-line of November and December, the Committee decided to work directly with the HSA's. At the HSP hearings, there was the opportunity to submit comments and/or testify on the substance abuse component of the respective HSP. In this way, regional planning committees were able to address the alcoholism needs of their communities, and, at the same time, enhance their relationship with their HSA. For next year, the regional planning committees will continue to work closely with the HSA's and, more importantly, the committees will strive toward the goal of integration of alcoholism services within the generic health care system.

E. Prevention Committee

Update pending receipt of committee summary.

F. Committee on Special Populations

Members: Mr. Bontemps, Mr. Connolly, Ms. Finkelstein, Ms. Foreman, Mr. Hartigan, Mr. Hughes, Ms. Jarvi, Mr. Paul, Mr. Peters, Ms. Sagebien, Mr. Silva, Ms. Wood.

This past year, after assessing and documenting the needs among various special population groups with regard to the prevention and treatment of alcoholism and alcohol abuse, the committee was successful in advocating for funding for the implementation of a state-wide Special Populations Resource Center. The Center, developed conceptually with the participation of various committee members, is viewed as an innovative measure designed to provide educational and training resources to the alcoholism treatment and prevention system. These resources will be geared to enhancing the capacity of the existing system to provide appropriate and accessible services to currently underserved cultural and other minority groups across the state. The committee anticipates an advisory relationship with the project, and hopes to use its needs assessment findings to provide initial direction for project goals.

The closing of the Washingtonian Center for Addictions' alcoholism program provided the impetus for renewed involvement in assuring that the level of service provided to the minority communities of Boston be maintained. The identification of high-priority service needs for specific Boston populations was used as a starting point for additional needs assessments, which will be included in the Division's planning process.

This year saw an on-going discussion and re-affirmation of the need for Committee members to work cooperatively on behalf of special population interests as a whole, rather than in fragmented areas. The need for advocacy for budget allocations to augment existing service offerings was reinforced by fiscal measures at both the state and federal levels.

ADVISORY COUNCIL ON ALCOHOLISM

CHAIRMAN

William Hartigan
36 Scituate Street
Arlington, MA 02174
641-0643

STATUTORY MEMBERS

Attorney General Francis X Bellotti
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John P. Larkin, Chairman
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Chief William J. Carlin
Pres., Mass. Chiefs of Police
Association
c/o Police Headquarters
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Swampscott, MA 01907
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Chief Paul Doherty
State Capitol Police
State House
Boston, MA 02133
727-2912

GUBERNATORIAL APPOINTMENTS	TERM EXPIRES
William Hartigan, Chairman 36 Scituate Street Arlington, MA 02174 641-0643	April 27, 1980
Mrs. Margaret E. Dale 1189 South Branch Parkway Springfield, MA 01119 (413) 783-5471	April 27, 1982
Thomas H. Driscoll 61 Devens Road Swampscott, MA 01907 593-8568 or 595-2354	April 27, 1981
Howard Hughes 56 Rosewood Drive Stoughton, MA 02072 344-0522	April 20, 1980
John F. Kelly, M.D. 66 Winter Street Norwood, MA 02062 762-4535	April 27, 1982
M. Yvonne Linehan 36 Ely Road Dorchester, MA 02124 265-2636	April 27, 1981
Richard McGoldrick Bay Colony Trading Corp Suite 501 739 Boylston Street Boston, MA 02116 267-2952 or 267-2953	April 27, 1981

ADVISORY COUNCIL ON ALCOHOLISM
July 1, 1979 to June 30,1980

PLACE OF MEETING: Division of Alcoholism, 755 Boylston Street, Boston, MA

DATE OF MEETING

September 12, 1979

October 10, 1979

November 14, 1979

December 12, 1979

January 9, 1980

February 13, 1980

March 12, 1980

For the balance of the year, meetings are planned for April 9, May 14 and June 11, 1980 (all to be held at the Division of Alcoholism.) Following the summer (when meetings of the Advisory Council are not normally scheduled), the first meeting of the Council for 1980 - 81 will be planned for September 10, 1980.

VI. BUDGET ESTIMATE FOR FEDERAL FISCAL 1980 FORMULA GRANT

A. PROGRAM BUDGET SUMMARY

1.0	Administration and Finance	$ 50,000
2.0	Research and Evaluation	30,762
3.0	Health Education	46,694
4.0	Training and Scholarships	22,457
5.0	Regional Coordination	143,358
6.0	Resource Development & Technical Assistance	132,171
7.0	Treatment and Rehabilitation	763,929
8.0	Special Alcoholism Projects	216,390
	FORMULA GRANT TOTAL	$ 1,405,761

B. PROGRAM BUDGET

1.0 Administration and Finance		
1.1 Staff		
1 Assistant Director of Health Services - Administrative (Job Group 27)	$	23,487
1 Principal Clerk (Job Group 10)		11,019
Fringe @ 28.9%		9,972
1.2 Travel		720
1.3 Equipment Purchase and Rental		2,802
1.4 Office Rental		2,000
Administration Total	$	50,000
2.0 Research and Evaluation		
2.1 Staff		
1 Research Assistant (Job Group 15)	$	12,539
Fringe @ 28.9%		3,623
2.2 Travel		1,700
2.3 Supplies, Telephone, Postage		1,900
2.4 Office Rental		4,000
2.5 Key Punching, Computer Runs, Printing Data Forms		7,000
Research and Evaluation Total	$	30,762
3.0 Health Education		
3.1 Staff		
1 Health Educator (Job Group 17)	$	14,023
1 Health Educator/Public Information Officer (Job Group 17)		14,023
Fringe @ 28.9%		8,105

3.2	Travel	$ 2,150
3.3	Supplies, Telephone, Postage	3,393
3.4	Material (Pamphlets, Films, Printing)	5,000
	Health Education Total	$ 46,694

4.0	Training	
4.1	Staff	
	1. Alcoholism Coordinator of Training (Job Group 18)	$ 14,699
	Fringe @ 28.9%	4,248
4.2	Travel	1,200
4.3	Supplies, Telephone, Postage	2,310
	Training Total	22,457

5.0	Regional Coordination	
5.1	Staff	
	3 Regional Alcoholism Coordinators @ $20,193 (Job Group 23)	$ 60,579
	1 Alcoholism Coordinator for Metropolitan Boston (Job Group 18)	14,699
	1 Head Clerk (Job Group 12)	12,291
	1 Senior Clerk (Job Group 08)	10,350
	Fringe @ 24%	28,299
5.2	Travel	2,390
5.3	Equipment Purchase and Rental	2,000
5.4	Supplies, Telephone, Postage	3,500
5.5	Office Rental	9,250
	Regional Coordination Total	$ 143,358

6.0	Resource Development & Technical Assistance	
6.1	Staff	
	2 Alcoholism Coordinators of Special Populations (Job Group 18)	$ 34,025
	1 Alcoholism Coordinator of Occupational Programs (Job Group 18)	15,277
	1 Alcoholism Coordinator of Interagency Affairs (Job Group 18)	18,538
	1 Program Manager-Grants Management (Federal Coordinator) (Job Group 21)	18,594
	Fringe @ 28.9%	24,812
6.2	Travel	2,090
6.3	Equipment Purchase and Rental	2,145
6.4	Supplies, Telephone, Postage	3,000
6.5	Office Rental	13,690
	Resource Development and Technical Assistance Total	$ 132,171
7.0	Treatment and Rehabilitation	
7.1	Detoxification Services	
7.1.1	Staff	
	Nurses, Doctors, Counselors, Medical Corpsmen, etc.	$ 352,419
7.1.2	Operating Costs	
	Food, Laundry, Medications, Heat, Rent, etc.	97,807
	Detoxification Services Sub-Total	$ 450,226
7.2	Outpatient and Aftercare Services	
7.2.1	Staff	
	Doctors, Counselors, Social Workers, etc.	$ 246,803

7.2.2 Operating Costs		
Rent, Telephone, Utilities, etc.		$ 66,900
Outpatient & Aftercare Sub-Total		313,703
Treatment & Rehabilitation Total		$ 763,929
8.0 Special Alcoholism Projects		
8.1 8 Special Population Prevention & Intervention Projects		$ 160,890
8.2 1 Strengthening Project for Outpatient Programs and Halfway Houses		27,000
8.3 Network/System Development Projects		28,500
Special Alcoholism Projects Total		$ 216,390

C. EXPLANATION OF BUDGET ITEMS

Item 1.0 Administration & Finance

Costs in this program are related to the programmatic and financial administration of the state alcoholism program and the federal formula grant. Federal expenditures in this unit include: (A) salaries for the administrative personnel; (B) supportive overhead costs; and (C) office rental.

Item 2.0 Research & Evaluation

Costs in this program unit are related to the development of a comprehensive management and reporting system for all state alcoholism treatment and rehabilitation programs. Federal expenditures for this unit include: (A) the salary for one staff person to assist in the system development; and (B) supportive overhead costs.

Item 3.0 Health Education

Costs in this program unit are related to the development of a statewide alcoholism prevention program. Federal expenditures for this unit include: (A) the salaries of one health educator to cover HSA Region IV-B and one health educator to serve as a public information coordinator for all agency efforts; (B) the purchase of educational materials; and (C) supportive overhead costs.

Item 4.0 Training

Costs in this program unit are related to the provision of alcoholism training opportunities. Federal expenditures for this unit include: (A) the salary for one training coordinator; and (B) supportive overhead costs.

Item 5.0 Regional Coordination

Costs in this program unit are related to the regional programmatic and fiscal coordination and monitoring services provided for the state alcoholism programs. Federal coordination expenditures include: (A) salaries for those coordinators offering the services in four of the state's eight regions; and (B) supportive overhead and travel costs.

Item 6.0 Resource Development & Technical Assistance

Costs in this program unit are related to the planning and technical assistance activities performed for the state alcoholism program. Particular planning activities will take place in this unit for the development of

occupational, drunk driving, minority, youth, elderly, and women's programs. Technical assistance will be given, also, in coordinating and developing these special program areas in the generic as well as the state alcoholism systems. Federal expenditures in the unit include: (A) salaries for staff members involved in planning and technical assistance activities; and (B) supportive overhead costs.

Item 7.0 Treatment & Rehabilitation

Costs in this category represent the federal funds used to complement and supplement the support of the state alcoholism detoxification and aftercare programs. Federal funds will support, on an annual basis, one 30-bed Detoxification Center and four Outpatient Programs. The federal funding of these particular programs will help to increase the state's capacity for meeting the needs for alcoholism services.

Item 8.0 Special Alcoholism Projects

Costs in this section represent the total annualized funding levels for the Special Alcoholism Projects continuing in FY 81. Federal funding will help to address the needs in the areas of youth, prevention and education, early intervention, minority, system development, and treatment and rehabilitation systems strengthening.

It should be noted that the decrease in funds available for Special Alcoholism Projects is the result of several factors:

1. increase in salaries as a result of the upgrading of the Commonwealth of Massachusetts salary scale;

2. inclusion of a 28.9% fringe benefit package required by the state for employees paid through the Federal Formula Grant;

3. increase in operating costs such as rent, heat, etc.; and

4. increase in the operating costs of the treatment and rehabilitation programs to keep them on a par with similar state funded programs.

Should additional Federal Formula Grant funds become available, these fundswould be applied to the Special Alcoholism Projects portion of the budget.

VII. ASSURANCES

ASSURANCE I. PERFORMANCE STANDARDS

All programs and projects funded by the Federal Formula Grant are subject to close monitoring procedures by the staff of the single state alcoholism authority.

Special projects of a treatment and/or prevention nature are required to submit quarterly progress reports which are reviewed and evaluated by field operations staff. In addition, numerous site visits are made periodically to assess day-to-day program operation.

Treatment and intervention projects not reviewed in the process described above are monitored in two major ways: through periodic reports generated through the Management Information System, and through field-visits by agency staff as part of the overall management of programmatic functions.

All special projects are required to submit standards for program evaluation and effectiveness which are utilized in the above monitoring process. In this way, all programs funded with Formula Grant monies are in close, ongoing evaluative relationships with Division staff.

ASSURANCE II. CIVIL RIGHTS

The Division of Alcoholism hereby assures that it will review all admissions to hospitals and outpatient facilities in assisting the Secretary in determining compliance with the requirement of section 321 of Public Law 91-616 as amended. In the absence of formal regulations in this regard, the Division of Alcoholism hereby agrees to abide by any regulations so promulgated.

ASSURANCE III. PERIODIC REPORTS

The Division of Alcoholism hereby agrees to abide by any regulations promulgated by the Secretary in regard to the submission of periodic reports assessing the progress of the State in implementing its state plan, in such a form or manner as the Secretary shall prescribe.

ASSURANCE IV. RESOURCE INVENTORY

The Division of Alcoholism has developed and continues to update a complete inventory of public and private resources available in the state for the purpose of alcohol abuse and alcoholism prevention, treatment and rehabilitation.

This inventory is kept in all regional and statewide alcoholism authority offices, and is published in an easily-read and useful book form and is available to all interested persons and agencies.

Published in 1980, this directory of services undergoes continual revision

ASSURANCE V. HEALTH SYSTEMS AGENCY REVIEW

Although all current commitments of Formula Grant funds were made prior to the implementation of P.L. 93-641, the Division of Alcoholism supports the basic philosophy of the National Health Planning and Resources Development Act and encourages the participation of alcoholism service providers and consumers in regional Health Service Agencies. In addition, the Division of Alcoholism is maximizing its efforts in coordination with the Office of State Health Planning toward that end. A copy of this State Plan update is being furnished to the Office of State Health Planning and their review is forthcoming.

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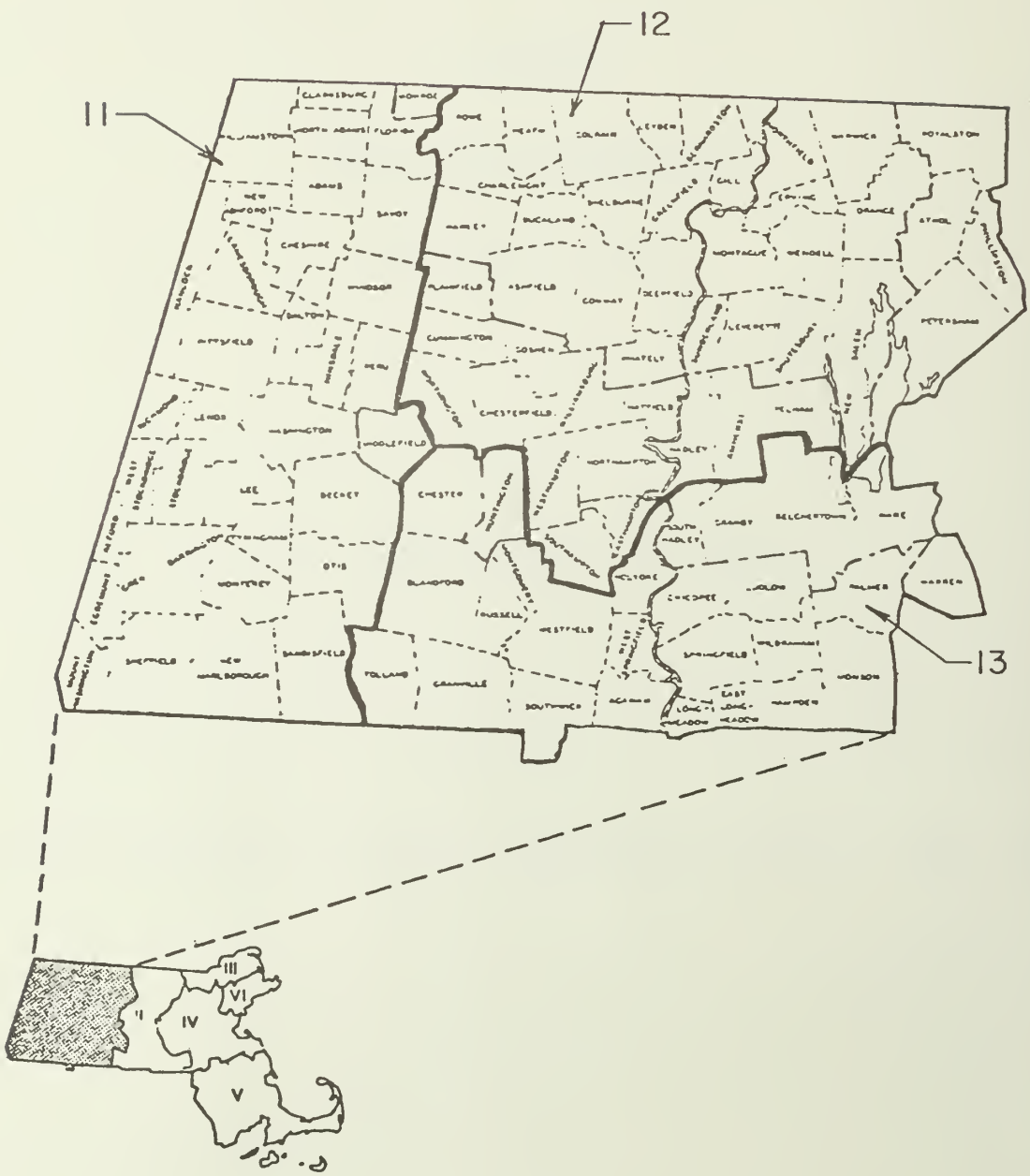
APPENDIX A.

COMMONWEALTH OF MASSACHUSETTS

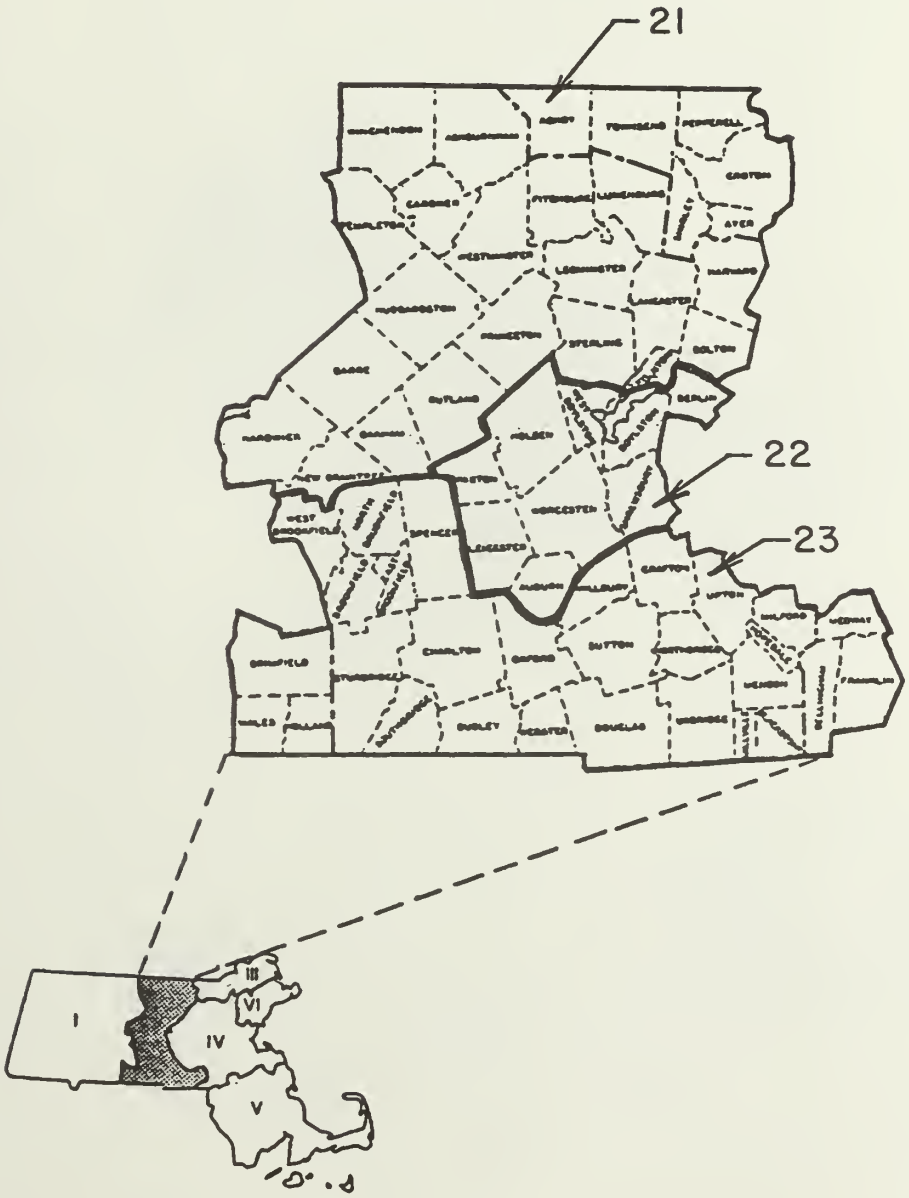
HEALTH SERVICE AREAS

Source: Mass. Department of Public Health, Health Data Annual 1977, V. IV, No. 1.

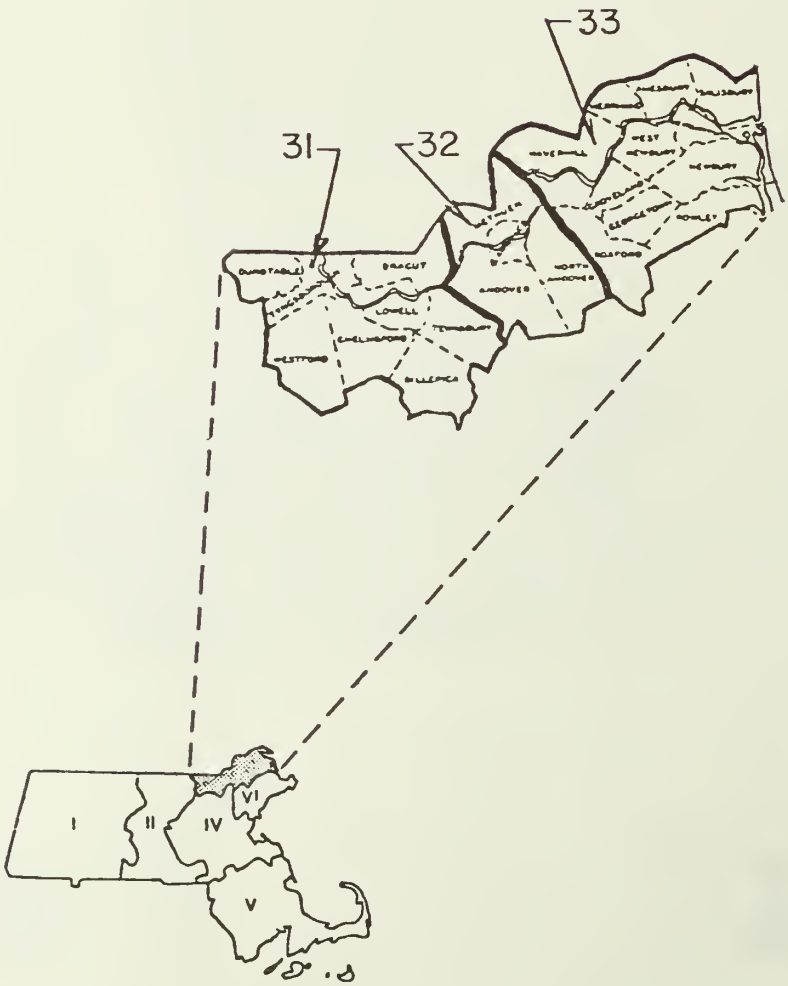
HEALTH SERVICE AREA I



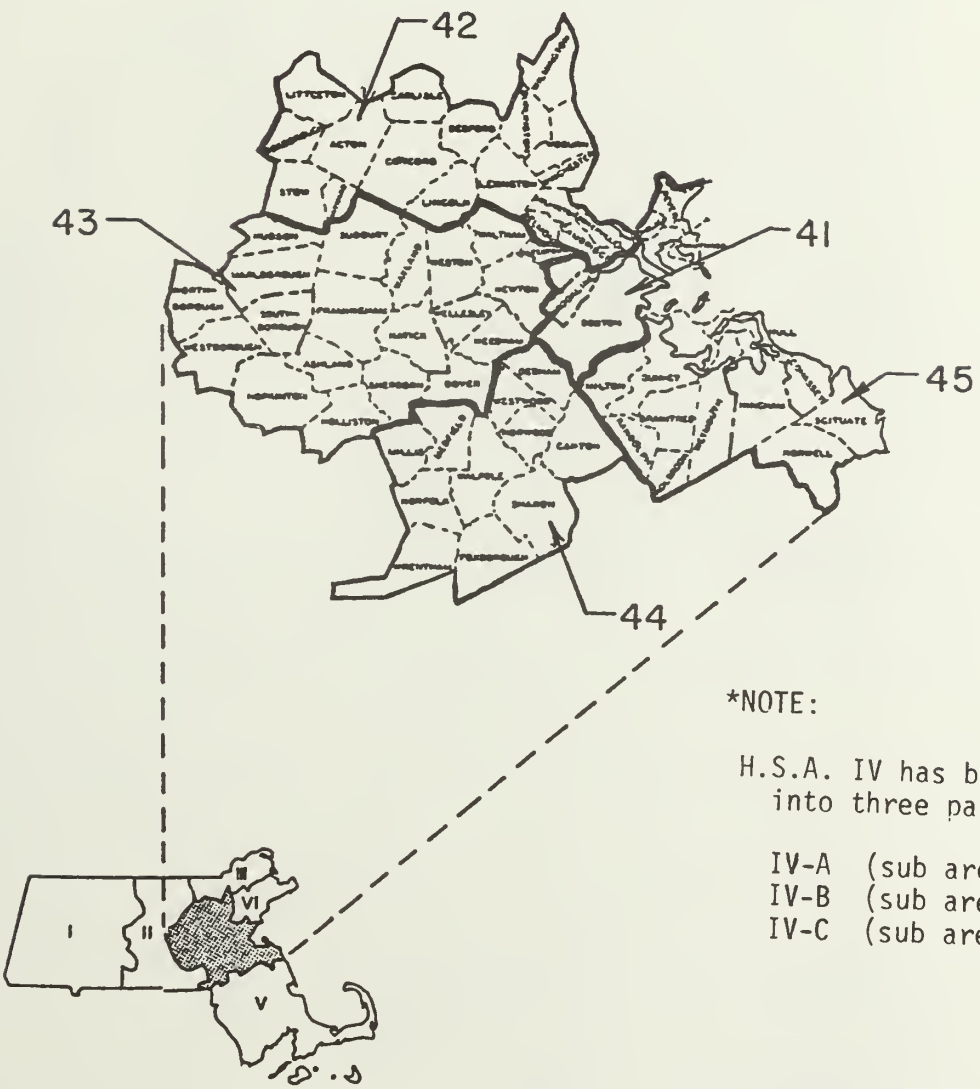
HEALTH SERVICE AREA II



HEALTH SERVICE AREA III



HEALTH SERVICE AREA IV*



*NOTE:

H.S.A. IV has been divided into three parts:

IV-A (sub area 42)
IV-B (sub area 41)
IV-C (sub areas 43-45)

HEALTH SERVICE AREA V

TABLE 2
A DEMOGRAPHIC PROFILE OF MASSACHUSETTS
CLASSIFIED BY AGE, RACE, AND SEX

AGE	ALL RACES			WHITE			BLACK			OTHER			SPANISH		
CATEGORY	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
ALL AGES	5,689,170	2,719,398	2,969,772	5,477,624	2,618,930	2,858,694	175,817	82,573	93,244	35,729	17,895	17,834	64,860	32,599	32,261
Under 5	470,066	239,930	230,136	444,981	227,427	217,554	21,472	10,711	10,761	3,613	1,792	1,821	10,137	5,288	4,849
5 to 9	542,364	276,729	265,635	516,279	263,694	252,585	22,869	11,401	11,468	3,216	1,634	1,582	8,391	4,203	4,188
10 to 14	555,393	283,892	271,501	532,257	272,444	259,813	20,196	9,998	10,198	2,940	1,450	1,490	6,994	3,684	3,310
15 to 19	514,556	254,999	259,557	494,560	245,245	249,315	17,042	8,244	8,798	2,954	1,510	1,444	6,176	3,087	3,089
20 to 24	464,405	217,531	246,874	444,059	208,237	235,822	16,388	7,326	9,062	3,958	1,968	1,990	6,683	3,175	3,508
25 to 29	371,597	183,098	188,499	354,051	175,103	178,948	14,060	6,293	7,767	3,486	1,702	1,784	6,147	3,038	3,109
30 to 34	295,250	144,934	150,316	281,125	138,371	142,754	11,055	4,976	6,079	3,070	1,587	1,483	4,680	2,308	2,372
35 to 39	296,823	145,570	151,253	284,334	139,736	144,598	9,873	4,538	5,335	2,616	1,296	1,320	3,764	2,090	1,674
40 to 44	330,859	160,489	170,370	319,566	155,328	164,238	9,213	4,185	5,028	2,080	976	1,104	3,395	1,672	1,723
45 to 49	342,577	164,073	178,504	332,423	159,212	173,211	8,460	3,943	4,517	1,694	918	776	2,472	1,184	1,288
50 to 54	326,180	154,855	171,325	318,103	150,954	167,149	6,830	3,247	3,583	1,247	654	593	1,847	960	887
55 to 59	290,120	135,032	155,096	284,048	132,280	151,768	5,060	2,233	2,827	1,020	519	501	1,205	566	639
60 to 64	252,787	113,128	139,659	247,941	111,009	136,932	3,883	1,637	2,246	963	482	481	847	332	515
65 to 69	207,483	87,197	120,286	203,393	85,431	117,962	3,265	1,358	1,907	825	408	417	846	416	430
70 to 74	173,528	67,491	106,037	170,191	66,051	104,140	2,559	1,068	1,491	778	372	406	606	303	303
75 to 79	126,527	47,160	79,367	124,284	46,224	78,060	1,702	693	1,009	541	243	298	* 670	293	377
80 to 84	77,197	26,818	50,379	75,724	26,170	49,554	1,057	423	634	416	225	191			
85 +	51,450	16,472	34,978	50,305	16,014	34,291	833	299	534	312	159	153			

* 75 and over

APPENDIX B.

A DEMOGRAPHIC PROFILE OF MASSACHUSETTS

Table 1. A demographic profile of each H.S.A. by race, sex and age, expressed in percentages

Table 2. A demographic profile of the state classified by age, race, and sex

Table 3. Age, race and sex for non-white persons in Massachusetts

For a demographic profile by age, race, and sex for each of the H.S.A.'s refer to the following Tables in Appendix B of the 1979 State Plan

Table 4. Demographic profile of H.S.A. I

Table 5. Demographic profile of H.S.A. II

Table 6. Demographic profile of H.S.A. III

Table 7. Demographic profile of H.S.A. IV-A

Table 8. Demographic profile of H.S.A. IV-B

Table 9. Demographic profile of H.S.A. IV-C

Table 10. Demographic profile of H.S.A. V

Table 11. Demographic profile of H.S.A. VI

TABLE 1

A DEMOGRAPHIC PROFILE OF EACH HSA IN MASSACHUSETTS
EXPRESSED IN PERCENTAGES AND CLASSIFIED BY RACE, AGE AND SEX [2]

	HSA I (805,466) [1]		HSA II (666,124) [1]		HSA III (458,011) [1]		HSA IV-A (578,798) [1]		HSA IV-B (794,076) [1]		HSA IV-C (842,216) [1]		HSA V (874,255) [1]		HSA VI (670,147) [1]		STATE (5,689,170) [1]	
	Total	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total	Female
White	96.3	50.0	98.6	50.5	99.1	51.4	97.4	50.6	85.1	46.0	98.9	51.2	98.0	51.0	98.7	51.6	96.3	50.2
< 20	35.0	17.3	36.6	17.8	37.3	18.3	34.1	16.6	25.5	12.8	36.2	17.9	37.0	18.2	36.1	17.8	34.9	17.2
> 64	10.9	6.7	11.4	6.9	10.4	6.5	10.3	6.5	12.5	7.8	10.0	6.3	11.5	7.0	11.8	7.3	11.0	6.7
Black	3.3	1.7	1.06	0.50	0.56	0.28	1.68	0.86	13.3	7.26	0.65	0.33	1.4	0.7	0.94	0.49	3.1	1.6
< 20	1.6	0.81	0.44	0.22	0.27	0.13	0.62	0.30	6.3	3.2	0.25	0.13	0.65	0.32	0.35	0.17	1.4	0.72
> 64	0.15	0.09	0.05	0.03	0.03	0.02	0.14	0.09	0.66	0.40	0.03	0.02	0.12	0.06	0.04	0.02	0.17	0.10
Other	0.4	0.19	0.35	0.14	0.31	0.16	0.91	0.43	1.62	0.75	0.52	0.27	0.54	0.28	0.35	0.19	0.6	0.3
< 20	0.11	0.06	0.11	0.05	0.10	0.05	0.28	0.14	0.61	0.31	0.21	0.10	0.21	0.11	0.12	0.06	0.22	0.11
> 64	0.03	0.02	0.03	0.02	0.04	0.02	0.05	0.03	0.13	0.06	0.04	0.02	0.05	0.03	0.04	0.02	0.05	0.03
All Races	100.0	51.9	100.0	51.2	100.0	51.9	100.0	51.9	100.0	54.0	100.0	52.0	100.0	52.0	100.0	52.5	100.0	52.2
< 20	36.7	18.2	37.1	18.1	37.6	18.5	35.0	17.0	32.4	16.3	36.7	18.1	37.8	18.6	36.6	18.1	36.6	18.0
> 64	11.1	6.8	11.44	6.9	10.5	6.5	10.5	6.6	13.3	8.2	10.1	6.3	11.6	7.0	11.9	7.4	11.2	6.9
Spanish	1.4	0.7	0.90	0.41	1.03	0.51	1.21	0.59	2.53	1.27	0.65	0.34	0.64	0.34	0.60	0.30	1.14	0.57
< 20	0.79	0.39	0.47	0.21	0.53	0.27	0.56	0.27	1.2	0.56	0.29	0.15	0.33	0.18	0.30	0.15	0.56	0.27
> 64	0.04	0.02	0.03	0.01	0.03	0.01	0.03	0.02	0.09	0.05	0.03	0.01	0.02	0.01	0.02	0.01	0.04	0.02

[1] ( ) total population of the region

[2] The data is based on the 1970 U.S. Census

HEALTH SERVICE AREA VI

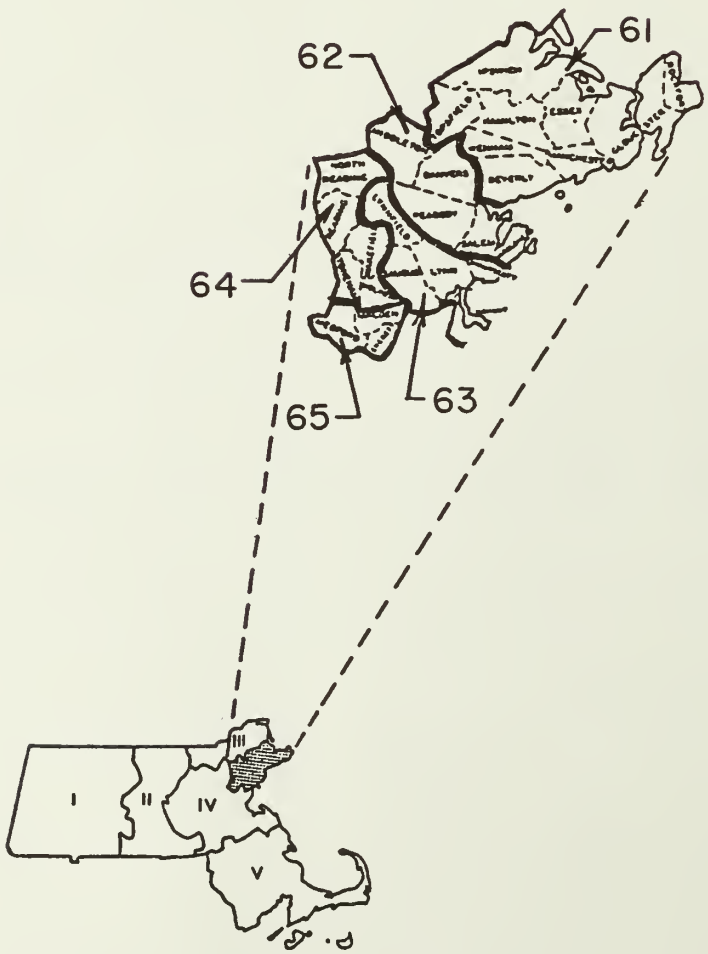


TABLE 3
AGE, RACE AND SEX FOR NON-WHITE PERSONS
IN MASSACHUSETTS [1]

TOTAL, RACES OTHER				NEGRO			CHINESE			JAPANESE			INDIAN			ALL OTHER RACES		
THAN WHITE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE
ALL AGES	204,218	96,794	107,424	173,376	81,329	92,047	14,127	7,581	6,546	4,503	1,880	2,623	4,137	2,036	2,101	8,075	3,968	4,107
UNDER 5 YEARS	24,351	12,299	12,052	21,301	10,770	10,531	1,294	697	597	305	120	185	480	242	238	971	470	501
5 TO 9 YEARS	25,252	12,609	12,643	22,544	11,240	11,304	1,329	649	680	205	104	101	417	236	181	757	380	377
10 TO 14 YEARS	21,650	10,653	10,997	19,219	9,415	9,804	1,286	649	637	207	142	65	299	109	190	639	338	301
15 TO 19 YEARS	19,217	9,525	9,692	16,686	8,180	8,506	1,514	815	699	215	123	92	263	130	133	539	277	262
20 TO 24 YEARS	18,901	8,450	10,451	15,717	6,791	8,926	1,505	800	705	333	149	184	388	187	201	958	523	435
25 TO 29 YEARS	16,637	7,459	9,178	13,483	6,006	7,477	1,274	647	627	351	153	198	379	176	203	1,150	477	673
30 TO 34 YEARS	13,688	6,324	7,364	10,831	4,819	6,012	1,264	681	583	419	203	216	348	171	177	826	450	376
35 TO 39 YEARS	12,217	5,807	6,410	9,983	4,683	5,300	931	554	377	540	199	341	163	80	83	600	291	309
40 TO 44 YEARS	11,171	5,045	6,126	9,302	4,108	5,194	758	412	346	351	95	256	208	143	65	552	287	265
45 TO 49 YEARS	9,508	4,663	4,845	8,036	3,929	4,107	675	369	306	307	136	171	218	100	118	272	129	143
50 TO 54 YEARS	8,088	3,734	4,354	6,969	3,191	3,778	536	268	268	173	75	98	233	134	99	177	66	111
55 TO 59 YEARS	5,933	2,703	3,230	5,008	2,269	2,739	563	302	261	92	26	66	117	28	89	153	78	75
60 TO 64 YEARS	5,253	2,226	3,027	4,369	1,804	2,565	375	215	160	227	79	148	187	90	97	95	38	57
65 TO 69 YEARS	4,228	1,959	2,269	3,531	1582	1,949	354	219	135	128	42	86	113	54	59	102	62	40
70 TO 74 YEARS	3,277	1,449	1,828	2,542	1,105	1,437	225	148	77	291	87	204	127	46	81	92	63	29
75 TO 79 YEARS	2,406	976	1,430	1,945	727	1,218	110	88	22	191	77	114	93	64	29	67	20	47
80 TO 84 YEARS	1,339	566	773	1,021	429	592	103	54	49	103	44	59	51	20	31	61	19	42
85 YEARS AND OVER	1,102	347	755	889	281	608	31	14	17	65	26	39	53	26	27	64	0	64
MEDIAN AGE	23.1	22.0	24.0	22.2	20.8	23.3	25.5	26.4	24.7	37.0	33.7	39.0	27.9	28.2	27.6			

1. Data is based on 15% sample taken during 1970 for U.S. Census.

APPENDIX C.

HEALTH PLANNING DATA

table 1.

ESTIMATED NUMBER OF ALCOHOLICS BY H.S.A. (1985)
MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH, DIVISION OF ALCOHOLISM

H.S.A.	D.P.H. Population Projection 1985	1) Original Jellinek Formula	2) Revised Jellinek Formula	3) 4.7% of General Population	4) Drinking Age Population Formula	5) Suicide Formula	Average of 5 Methods	Percentage of State Total	Rank
I	850,740	36,276 (4264)	58,616 (6890)	39,985 (4700)	48,228 (5669)	30,890 (3631)	42,799	14.12	3
II	697,000	30,264 (4342)	48,902 (7016)	32,759 (4700)	38,447 (5516)	24,939 (3578)	35,062	11.57	5
III	544,600	24,398 (4480)	39,424 (7239)	25,596 (4700)	24,043 (4782)	16,986 (3119)	26,089	8.61	8
IV-A	583,000	22,236 (3814)	35,930 (6163)	27,401 (4700)	32,590 (5590)	24,434 (4191)	28,518	9.41	7
IV-B	745,230	43,059 (5778)	69,582 (9337)	35,026 (4700)	53,403 (7166)	31,031 (4164)	46,420	15.31	2
IV-C	959,700	26,526 (2764)	42,870 (4467)	45,106 (4700)	45,701 (4762)	39,952 (4163)	40,031	13.20	4
V	1,059,470	40,631 (3835)	65,666 (6198)	49,795 (4700)	52,242 (4931)	47,856 (4517)	51,238	16.90	1
VI	641,150	28,037 (4373)	45,304 (7066)	30,134 (4700)	36,340 (5668)	25,172 (3926)	32,997	10.88	6
STATE total	6,080,890	253,087 (4162)	409,001 (6726)	285,802 (4700)	332,017 (5460)	241,351 (3969)	304,252	100.0	-

*using alcoholism rates per 100,000 from 1975 as applied to 1985 population projections.

table 2.

Massachusetts State Alcoholism Service Need, By HSA & Service Type (Based on Projected 1985 Prevalence Population)

HSA	Prevalence Population 1985 (Est.)	Percentage of State Total	Population in Need (.2)	Detox Services Clients	Detox Services 1. Beds	Physical Recuperative Clients	Physical Recuperative Beds	Social Rehab Clients	Social Rehab Beds	Halfway House Clients	Halfway House 2. Beds	Long Term Care Clients	Long Term Care Beds	Ambulatory Services Clients	Ambulatory Services FTE Staff
I	42,799	14.12	8,592	2,835	121	284	26	601	55	713	196	137	72	6,874	85
II	35,062	11.57	7,040	2,323	97	232	21	493	45	584	155	113	60	5,632	69
III	26,089	8.61	5,239	1,729	70	173	16	367	33	435	107	84	44	4,191	52
IV-A	28,518	9.41	5,726	1,890	77	189	17	401	36	475	119	92	49	4,581	56
IV-B	46,420	15.31	9,316	3,074	212	307	28	652	59	773	454	149	79	7,452	92
IV-C	40,031	13.20	8,032	2,651	112	265	24	562	51	667	181	129	68	6,426	79
HSA IV Totals	114,969	37.79	23,074	7,615	401	761	69	1,615	146	1,915	754	370	196	18,459	227
V	51,238	16.90	10,284	3,394	146	339	31	720	65	854	276	165	87	8,227	101
VI	32,997	10.88	6,620	2,185	91	219	20	463	42	549	143	106	56	5,296	65
State Totals	304,252	100	60,850	20,080	926	2,008	183	4,259	386	5,051	1,631	975	515	48,679	599

1. Bed totals for detoxification centers have been reduced 10 beds for each HSA and added to the total for Region IV-B. This has been done to control for the large amount of public drunkenness activity in the central city.

2. Bed totals for halfway houses have been reduced by 34 beds in each HSA (except HSA V) and added to the total for Region IV-B. This has been done in order to accommodate the greater need for such residential services in the central city.

table 3.

ALCOHOLISM SERVICE NEEDS, EXISTING RESOURCES AND DEVELOPMENT ALLOWANCES BY H.S.A. AND SERVICE TYPE

HSA	DETOXIFICATION				PHYSICAL RECUPERATIVE (BEDS)				SOCIAL REHABILITATION (BEDS)				HALFWAY HOUSE (BEDS)				OUTPATIENT CLINIC (FTE'S)				LONG-TERM CARE (BEDS)			
	Projected Service Need	Existing Resources	Developmental Allowance	Percentage of Accomplishment	Projected Service Need	Existing Resources	Developmental Allowance	Percentage of Accomplishment	Projected Service Need	Existing Resources	Developmental Allowance	Percentage of Accomplishment	Projected Service Need	Existing Resources	Developmental Allowance	Percentage of Accomplishment	Projected Service Need	Existing Resources	Developmental Allowance	Percentage of Accomplishment	Projected Service Need	Existing Recources	Developmental Allowance	Percentage of Accomplishment
I	121	62	59	51%	26	0	26	0%	55	25	30	45%	196	109	87	56%	85	21.5	63.5	25%	72	0	72	0%
II	97	97	0	100	21	21	0	100	45	25	20	55	155	48	107	31	69	20.5	48.5	30	60	60	0	100
III	70	40	30	57	16	0	16	0	33	0	33	0	107	51	56	48	52	12.25	39.75	24	44	0	44	0
IV-A	77	65	12	84	17	7	10	41	36	17	19	47	119	88	31	74	56	20.5	35.5	37	49	0	49	0
IV-B	212	176	36	83	28	5	23	18	59	37	22	63	454	391	63	86	92	35.25	56.75	38	79	314	(235)	397
IV-C	112	47	65	42	24	43	(19)	179	51	17	34	33	181	55	126	30	79	20.5	58.5	26	68	48	20	70
	146	66	80	45	31	0	31	0	65	76	(11)	117	276	204	72	74	101	35.	66.	35	87	0	87	0
VI	91	60	31	66	20	4	16	20	42	99	(57)	236	143	65	78	45	65	47.5	17.5	73	56	0	56	0
TOTAL	926	613	313	66.2%	183	80	103	43.7%	386	296	90	76.7%	1,631	1,011	620	61.9%	599	213.	386	35.6%	515	422	93	81.9%

table 4.

Massachusetts State Alcoholism Service Needs, By Service Type & Referral Source
(Based on Rounded Alcoholism Prevalence & Population-in-Need Estimates)

Total Prevalence Population: 304,252
Total Population-in-Need: 60,850 (20%)
(In any given year)

TYPE OF TREATMENT SERVICE

Categorical Alcoholism Services

SOURCE OF REFERRAL

		Detoxification Clients/Admits	Physical Recouperation Clients/Admits	Social Rehabilitation (non-medical) Clients/Admits	Halfway House Clients/Admits	Outpatient Care Clients/Visits	Long Term Care Clients/ Annual Bed Days
Self Referred Clients	#	4,880 19,520	108 216	479 719	551 827	7,879 117,278	25 4,575
	%	24% 4 24%	5% 2 7.1%	11% 1.5 11.3%	11% 1.5 8.1%	16% 22.5 20.2%	3% 1 3%
Detoxification Programs	#	1,000 5,000	660 1,320	1,680 2,604	3,000 7,500	6,000 71,550	500 91,500
	%	5% 5 6.25%	33% 2 44%	40% 1.55 41.3%	60% 2.5 75%	12.5% 11.9 8.3%	50% 50%
General Hospitals	#	4,000 12,000	660 660	546 819	250 250	4,800 100,800	50 9,150
	%	20% 3 15%	33% 1 22%	13% 1.5 13%	5% 1 2.5%	10% 21 11.7%	5% 5%
Medical Recouperation	#	200 800	-- --	84 84	125 125	1,200 27,000	50 9,150
	%	1% 4 1%	-- --	2% 1 1.3%	2.5% 1 1.25%	2.5% 22.5 3%	5% 2.5%
Alcoholism Rehabilitation	#	1,000 2,000	100 100	84 84	125 125	4,800 115,200	25 4,575
	%	5% 2 2.5%	5% 1 3.4%	2% 1 1.3%	2.5% 1 1.25%	10% 24 13.3%	2.5% 2.5%
Halfway Houses	#	1,000 3,000	100 190	126 189	250 250	4,800 115,200	50 9,150
	%	5% 3 3.75%	5% 1.9 6.3%	3% 1.5 3%	5% 1 2.5%	10% 24 13.3%	5% 5%
Outpatient Programs	#	1,000 4,000	80 80	210 315	125 125	2,400 43,200	50 9,150
	%	5% 4 5%	4% 1 2.7%	5% 1.5 5%	2.5% 1 1.25%	5% 18 5%	5% 5%
Alcoholics Anonymous	#	1,000 4,000	-- --	420 630	250 375	4,800 85,050	25 4,575
	%	5% 4 5%	-- --	10% 1.5 10%	5% 1.5 3.75%	10% 18 9.8%	2.5% 5%
Other* *Police, Court, Family Physician, Hotline, etc.		6,000 30,000	300 450	630 945	375 500	12,000 144,000	200 36,600
		30% 5 37.5%	15% 1.5 15%	15% 1.5 15%	7.5% 1.33 5%	25% 12 16.7%	20% 20%
TOTALS		20,080 80,320	2,008 3,012	4,259 6,389	5,051 10,102	48,679 876,222	975 178,425
		100% 4 100%	100% 1.5 100%	100% 1.5 100%	100% 2 100%	100% 18 100%	100% 100%
% of Population-in-Need		33%	3.3%	7%	8.3%	40% 2	1.6%
% of Prevalence Population		6.6%	.67%	1.4%	1.67%	.8%	.33%
Average Length of Stay		4 Days	21 Days	21 Days	56 Days	hrs per visit: 3/4ths hr.	183 Days
Annual Bed Days (hours) Needed		321,280	63,252	134,169	565,712	657,167	178,425
Projected Bed (staff) Need		(1) 926 Beds	183 Beds (1)	386 (1)	1,631 (1)	Treatment Staff Needed: 599 FTE 3	515 (1)

1. Calculated at 95% Utilization

2. 24,340 from Population-in-Need + 24,339 Others (Family Members, etc.)

3. 1,100 hrs/yr capacity per FTE.

table 5.

The total number of liver cirrhosis deaths and an estimate of the number of alcoholics in each Health Service Area and subarea for 1975

HEALTH SERVICE AREA	1975[1] POPULATION ESTIMATE	LIVER CIRRHOSIS DEATHS		ESTIMATED[2] NUMBER OF ALCOHOLICS	% of ALCOHOLICS IN STATE	RANK BY NUMBER OF ALCOHOLICS
		MALES	FEMALES			
HSA I						
SUBAREA 1 (PITTSFIELD)	149,474	16	8	8,009	2.41	18
SUBAREA 2 (GREENFIELD)	171,015	18	6	8,830	2.66	16
SUBAREA 3 (SPRINGFIELD)	501,991	68	33	30,825	9.28	3
TOTAL	822,480	102	47	47,665	(14.35)	[3]
HSA II						
SUBAREA 1 (NORTH)	207,809	28	15	12,835	3.86	8
SUBAREA 2 (CENTRAL)	247,512	34	10	14,795	4.45	6
SUBAREA 3 (SOUTH)	221,445	26	7	12,016	3.62	9
TOTAL	676,766	88	32	39,646	(11.93)	[4]
HSA III						
SUBAREA 1 (LOWELL-TEWK)	223,714	31	16	14,011	4.22	7
SUBAREA 2 (LAWR-ANDOV)	145,049	17	5	7,896	2.38	20
SUBAREA 3 (GR. NEWBURY)	109,909	16	3	6,664	2.01	21
TOTAL	478,672	64	24	28,576	(8.60)	[6]
HSA IV						
SUBAREA 1(IVB)CENTRAL METRO	775,385	131	58	54,419	16.38	1
SUBAREA 2(IVA)NW. METRO*	568,158	62	32	30,859	9.29	2
SUBAREA 3(IVC)W. METRO*	397,150	30	20	18,177	5.47	4
SUBAREA 4(IVC)SW. METRO	166,771	8	9	6,580	1.98	22
SUBAREA 5 (IVC)S. METRO	318,244	28	18	15,678	4.72	5
TOTAL	2,225,708	259	137	125,712	(37,83)	[1]
HSA V						
SUBAREA 1 (ATTLEBORO)	79,553	9	11	4,935	2.39	19
SUBAREA 2 (BROCKTON)	197,832	20	10	10,270	3.09	10
SUBAREA 3 (PLYMOUTH)	124,213	7	4	4,928	1.48	25
SUBAREA 4 (TAUNTON)	94,787	10	8	5,286	1.59	24
SUBAREA 5 (FALL RIVER)	153,261	23	6	9,612	2.89	11
SUBAREA 6 (NEW BEDFORD)	158,516	16	7	8,139	2.45	17
SUBAREA 7 (CAPE COD)	156,791	17	20	9,411	2.83	12
TOTAL	964,953	102	66	52,580	(15.82)	[2]
HSA VI						
SUBAREA 1 (CAPE ANN)	107,138	16	0	6,355	1.91	23
SUBAREA 2 (DANVERS-SALEM)	134,622	21	10	9,024	2.72	15
SUBAREA 3 (GR. LYNN)	134,462	21	13	9,268	2.79	13
SUBAREA 4 (E. M'SEX)	115,355	6	3	4,397	1.32	26
SUBAREA 5 (MAL-MED-EV)	156,020	18	13	9,055	2.73	14
TOTAL	647,597	82	39	38,099	(11.47)	[5]
STATE TOTALS	5,816,176	697	345	332,275	100	-

1. issued by the U.S. census.
2. This estimate is based on the average of two methods: (1) 4.7% of the general population, and (2) revised (1960) Jellinek Formula.

*The subareas in HSA IV do not correspond exactly to the Division's classification of this HSA. Subarea 2 corresponds roughly to the Division's IV-A classification. The data on Waltham and Watertown need to be added to subarea 2 in order to correspond with IV-A; this data should be subtracted from subarea 3 in order to correspond with IV-C.

3. [ ] HSA rank in state

Table 6.

THE NUMBER AND RATE / 100,000 OF CIRRHOSIS OF THE LIVER DEATHS FOR MASSACHUSETTS AND THE UNITED STATES FROM 1910 TO 1978

	MASSACHUSETTS			UNITED STATES		
YEAR	POPULATION	CIRRHOSIS DEATHS	RATE 100,000	POPULATION IN THOUSANDS	CIRRHOSIS DEATHS	RATE 100,000
1978	5,774,000	922	15.97	218,228	29,898	13.7
1977	5,777,000	933	16.15	216,800	31,260	14.42
1976	5,809,500	993	17.1	215,118	31,130	14.5
1975	5,789,478	1,042	18.0	213,032	31,623	14.8
1974	5,769,000	1,153	18.1	211,381	33,319	15.8
1973	5,802,283	1,191	20.3	209,859	33,350	15.9
1972	5,729,000	1,138	19.9	208,234	32,576	15.6
1971	5,709,000	1,145	19.9	206,219	31,808	15.4
1970	5,689,170	1,131	19.9	203,212	31,399	15.5
1969	5,650,000	1,107	19.6	201,385	29,866	14.8
1968	5,618,000	1,039	18.5	199,399	29,183	14.6
1967	5,594,000	1,081	19.4	197,457	27,816	14.1
1966	5,433,000	1,048	18.2	196,560	26,692	13.6
1965	5,295,281	1,029	19.2	193,526	24,175	12.8
1964	5,338,000	866	14.7	191,334		
1963	5,296,000	843	15.9	188,616		
1962	5,232,000	883	16.8	185,890		
1961	5,204,000	863	16.0	183,057		
1960	5,148,578	878	17.0	179,323	20,296	11.3
1955	4,837,645	727	15.0	165,069	16,763	10.2
1950	4,690,514	672	14.3	151,326	13,855	9.2
1945	4,493,281	584	13.0	139,928	12,541	9.0
1940	4,316,721	401	9.3	132,165	11,286	8.6
1930	4,249,614	282	6.6	123,203	8,583	7.0
1920	3,852,356	196	5.1	106,022	6,241	5.9
1910	3,366,416	261	7.7	92,228	7,485	8.1

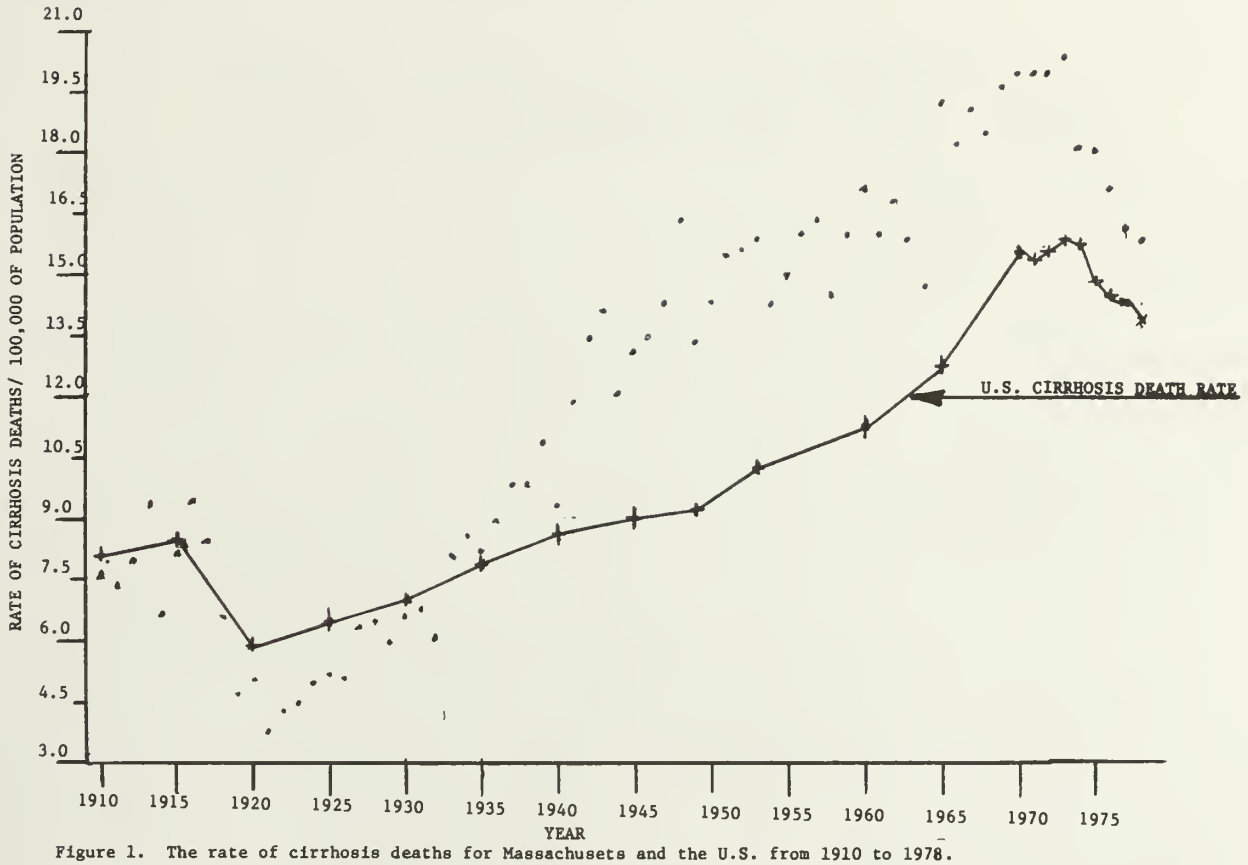


Figure 1. The rate of cirrhosis deaths for Massachusets and the U.S. from 1910 to 1978.

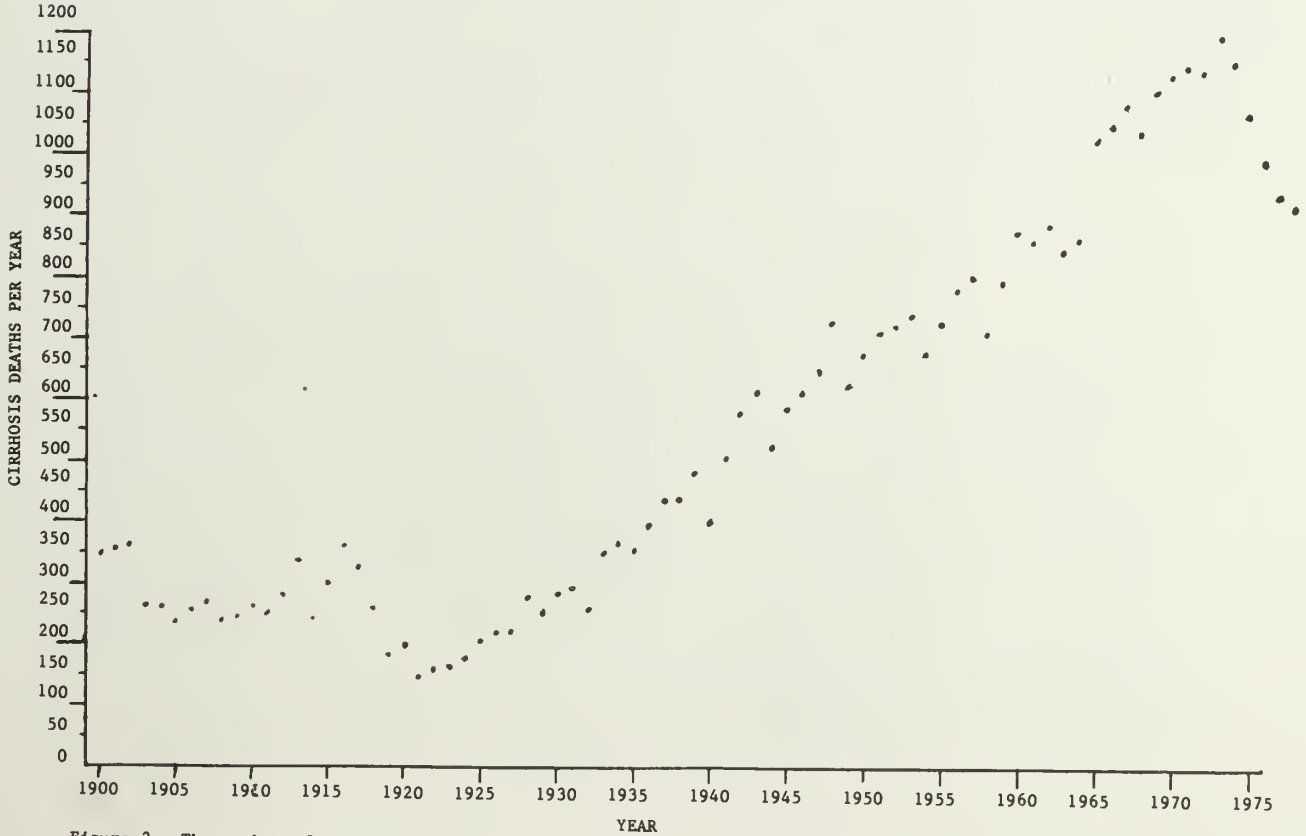


Figure 2. The number of cirrhosis deaths for Massachusetts from 1900 to 1978.

Table 7. ALCOHOL BEVERAGE SALES, REVENUES, PER CAPITA CONSUMPTION AND ALCOHOL PROGRAM BUDGETS FROM FY 1974 TO 1979 FOR THE STATE OF MASSACHUSETTS

	FISCAL YEAR					
	FY 1974	FY 1975	FY 1976	FY 1977	FY 1978	FY 1979
GALLONS SOLD						
Malt beverages (# of gallons)	126,574,671	131,097,790	133,971,586	141,248,642	126,930,251	142,090,830
Wines (# of gallons)	11,384,968	11,445,595	11,973,002	12,251,931	13,986,931	14,823,769
Distilled spirits (# of gallons)	14,668,938	14,754,505	13,839,119	13,822,536	14,260,017	14,085,108
PER CAPITA CONSUMPTION[1]						
Based on the total population (gallons of absolute alcohol)	2.33	2.31				
Based on the Drinking Age Population (DAP) (gallons of absolute alcohol)		3.10				
REVENUE FROM LIQUOR SALES						
Federal Revenue (millions of dollars)	187.264					
State Revenue (millions of dollars)	64.245	65.429	76.107	76.980	78.208	79.407
Local Revenue (millions of dollars)	37.480					
Total Revenue (millions of dollars)	288.988					
DIVISION OF ALCOHOLISM BUDGETS						
State Funds (millions of dollars)	4.000	7.193	7.215	7.621	8.693	9.837
Federal Formula Grant and Uniform Act Funds (millions of dollars)	1.135	1.534	1.646	1.837	1.837	1.837
Drunk Driving Funds (millions of dollars)			.944	1.943	1.954	2.070
Total Funds Spent on Alcohol Services (millions of dollars)	5.135	8.727	9.805	11.401	12.484	13.744

1. Per capita consumption is commonly calculated using two different bases. The first base is the total of the general population. The second base is the total of the Drinking Age Population (D.A.P.). The DAP is commonly defined in three ways: (1) Persons 15 years or older, (2) Persons 18 years or older, (3) Persons 21 years or older. The DAP used in the above table is based on persons 15 years and older.

Table 8. THE TOTAL NUMBER OF DRIVING UNDER THE INFLUENCE OF LIQUOR (DUIL) ARRESTS FOR EACH HEALTH SERVICE AREA DURING FISCAL 1977[1] AND 1978

	FISCAL 1977			FISCAL 1978		
	NUMBER OF ARRESTS	% OF ARRESTS WITHIN EACH HSA	% OF ARRESTS WITHIN THE STATE	NUMBER OF ARRESTS	% OF ARRESTS WITHIN EACH HSA	% OF ARRESTS WITHIN THE STATE
HSA I WESTERN MASS.						
Subarea 1 Berkshire	477	16.6	2.3 (19)	656	20.5	2.9 (15)
Subarea 2 North Valley	698	24.2	3.3 (11)	731	22.9	3.2 (11)
Subarea 3 South Valley	1,705	59.2	8.1 (2)	1,810	56.6	8.0 (3)
TOTAL	2,880		13.7 [3]	3,197		14.2 [3]
HSA II CENTRAL MASS.						
Subarea 1 North Worcester	1,187	49.1	5.7 (7)	1,500	53.6	6.7 (6)
Subarea 2 Central Worcester	462	19.1	2.2 (20)	685	24.5	3.0 (14)
Subarea 3 South Worcester	767	31.7	3.7 (10)	616	22.0	2.7 (17)
TOTAL	2,416		11.5 [5]	2,801		12.5 [4]
HSA III NORTHEASTERN MASS.						
Subarea 1 Lowell/Tewksbury	678	33.4	3.2 (13)	707	36.3	3.1 (13)
Subarea 2 Lawrence/Andover	691	34.1	3.3 (12)	587	30.1	2.6 (18)
Subarea 3 Greater Newbury	660	32.5	3.1 (15)	654	33.6	2.9 (16)
TOTAL	2,029		9.7 [6]	1,948		8.7 [6]
HSA IV URBAN						
Subarea 1 IV-B Central	1,337	20.7	6.4 (6)	1,868	24.1	8.3 (2)
Subarea 2 IV-A North West	1,525	23.6	7.3 (3)	1,660	21.4	7.4 (4)
Subarea 3 IV-C West	1,435	22.2	6.8 (5)	1,910	24.6	8.5 (1)
Subarea 4 IV-C South West	677	10.5	2.3 (14)	711	9.2	3.2 (12)
Subarea 5 IV-C South	1,484	23.0	7.1 (4)	1,602	20.7	7.1 (5)
TOTAL	6,458		30.8 [1]	7,751		34.5 [1]
HSA V SOUTHEASTERN MASS.						
Subarea 1 Attleboro	424	9.4	2.2 (23)	336	7.7	1.5 (24)
Subarea 2 Brockton	941	20.8	4.5 (9)	946	21.6	4.2 (8)
Subarea 3 Plymouth	458	10.1	2.2 (21)	376	8.6	1.7 (22)
Subarea 4 Taunton	247	5.4	1.2 (25)	294	6.7	1.3 (25)
Subarea 5 Fall River	273	6.0	1.3 (24)	327	7.5	1.5 (23)
Subarea 6 New Bedford	455	10.1	2.2 (22)	924	21.1	4.1 (9)
Subarea 7 Cape Cod	1,725	38.1	8.2 (1)	1,176	26.9	5.2 (7)
TOTAL	4,523		21.6 [2]	4,379		19.5 [2]
HSA VI NORTH SHORE						
Subarea 1 Cape Ann	520	19.4	2.5 (17)	519	21.5	2.3 (20)
Subarea 2 Danvers/Salem	1,033	38.6	4.9 (80)	863	35.7	2.8 (10)
Subarea 3 Greater Lynn	507	18.9	2.4 (18)	469	19.4	2.1 (21)
Subarea 4 Eastern Middlesex	0			0		
Subarea 5 Malden-Medford Everett	615	22.1	2.9 (16)	568	23.5	2.5 (19)
TOTAL	2,675		12.7 [4]	2,419		10.8 [5]
STATE TOTAL	20,981	-		22,495	-	

1. This data is based on the number of arrests reported by each District Court.

2. ( ) rank of subarea within the State.

3. [ ] rank of HSA within the State.

APPENDIX D.

FUNDING AND SERVICE ALLOCATION INFORMATION

Table 1. 1979-1980 ALLOCATIONS OF COMBINED STATE AND FEDERAL FORMULA AND UNIFORM ACT GRANT FUNDS BY HSA REGION, TYPE OF SERVICE, NEED COEFFICIENT, AND PREVALENCE DATA

HSA	DETOX	OUT-PATIENT	HALF-WAY HOUSE	OTHER SERVICES AND PROJECTS	TOTAL	% DETOX	% OUT-PATIENT	HOUSE WAY HOUSE	% SPECIAL PRO-JECTS	TOTAL	RANK	BEST NEED CO-EFFICIENT *	BEST NEED CO-EFFICIENT RANK	PRE-VALENCE OF AL'SM #	PRE-VALENCE OF AL'SM RANK
	(3)	(5)	(6)	(4)	(18)										
I	848,536	247,554	531,100	129,999	1,757,189	5.6	1.6	3.5	.9	11.6	3	13.7	3	13.91	3
	(2)	(5)	(4)	(5)	(16)										
II	726,077	249,310	319,600	161,584	1,456,571	4.8	1.6	2.1	1.1	9.6	4	12.4	4	11.63	6
	(2)	(4)	(3)	(4)	(13)										
III	615,528	153,104	230,300	96,693	1,095,625	4.1	1.0	1.5	.6	7.2	7	9.2	7	8.75	7
	(2)	(2)	(3)	(2)	(9)										
IV-A	720,422	125,428	390,100	101,279	1,337,229	4.7	.8	2.6	.7	8.8	5	8.9	8	9.86	8
	(6)	(5)	(13)	(8)	(32)										
IV-B	2,330,219	493,658	1,790,600	213,215	4,827,692	15.4	3.3	11.7	1.4	31.8	1	18.4	1	14.11	2
	(2)	(4)	(3)	(3)	(12)										
IV-C	615,528	203,789	258,500	78,452	1,156,269	4.1	1.3	1.7	.5	7.6	6	10.6	5	13.87	4
	(3)	(6)	(9)	(5)	(23)										
V	923,292	274,782	918,644	132,109	2,248,827	6.1	1.8	6.1	.9	14.9	2	16.8	2	16.18	1
	(1)	(1)	(3)	(5)	(10)										
VI	412,658	98,928	305,500	218,356	1,035,442	2.7	.8	2.1	1.4	7	8	10.0	6	11.69	5
				(4)	(4)										
State-wide				220,177	220,177	0	0	0	1.5	1.5					
	(21)	(32)	(44)	(40)	(137)										
TOTAL	7,192,260	1,846,553	4,744,344	1,351,864	15,135,021 -	47.5	12.2	31.3	9	100.0		100.0		100.00	

( ) = Number of Programs

* = See 1975 State Plan

\# = See Appendix D, 1975 State Plan

\- = Does Not Include Driver Alcohol Education Programs See Summary of Fiscal Year 1979

Table 2. 1979-1980 ALLOCATIONS OF STATE FUNDS BY HSA REGION, TYPE OF SERVICE, NEED COEFFICIENT, AND PREVALENCE DATA

HSA	DETOX	OUT-PATIENT	HALF-WAY HOUSE	OTHER SERVICES AND PROJECTS	TOTAL	% DETOX	% OUT-PATIENT	% HALF-WAY HOUSE	% SPECIAL PRO-JECTS	TOTAL	RANK	BEST NEED CO-EFFICIENT *	BEST NEED CO-EFFICIENT RANK	PRE-VALENCE OF AL'SM #	PRE-VALENCE OF AL'SM RANK
	(2)	(5)	(6)	(2)	(15)										
I	427,764	247,554	531,000	101,279	1,307,697	3.1	1.8	3.9	.7	9.5	5	13.7	3	13.91	3
	(2)	(4)	(4)	(2)	(12)										
II	726,077	205,665	319,600	89,674	1,341,015	5.3	1.5	2.3	.6	9.7	3	12.4	4	11.63	6
	(2)	(2)	(3)	(3)	(10)										
III	615,528	104,055	230,300	86,693	1,036,576	4.5	.8	1.7	.6	7.6	7	9.2	7	8.75	7
	(2)	(2)	(3)	(2)	(9)										
IV-A	720,422	125,428	390,100	101,279	1,337,229	5.2	.9	2.8	.7	9.6	4	8.9	8	9.86	8
	(6)	(5)	(13)	(3)	(27)										
IV-B	2,330,219	493,658	1,790,600	75,952	4,690,429	16.9	3.6	13.0	.6	34.1	1	18.4	1	14.11	2
	(2)	(2)	(3)	(2)	(9)										
IV-C	615,528	114,315	258,500	68,452	1,056,795	4.5	.8	1.9	.5	7.7	6	10.6	5	13.87	4
	(3)	(4)	(9)	(2)	(18)										
V	923,292	182,950	918,644	80,912	2,105,798	6.7	1.3	6.7	.6	15.3	2	16.8	2	16.18	1
	(1)	(1)	(3)	(2)	(7)										
VI	412,658	98,928	305,500	79,863	896,949	3.0	.7	2.2	.6	6.5	8	10.0	6	11.69	5
State wide															
	(20)	(25)	(44)	(18)	(107)										
TOTAL	6,771,488	1,572,553	4744344	684,104	13772,489 -	49.2	11.4	34.5		100.0		100.0		100.00	

( ) = Number of Programs

* = See 1975 State Plan

\# = See Appendix D, 1975 State Plan

\- = Does Not Include Driver Alcohol Education Programs See Summary of Fiscal Year 1979

Table 3. 1979-1980 ALLOCATIONS OF FEDERAL FORMULA AND UNIFORM ACT GRANT FUNDS BY HSA REGION, TYPE OF SERVICE, NEED COEFFICIENT, AND PREVALENCE DATA

HSA	DETOX	OUT-PATIENT	HALF-WAY HOUSE	SPEICAL PROJECT	TOTAL	% DETOX	% OUT-PATIENT	HALF-WAY HOUSE	SPECIAL PROJECT	% TOTAL	RANK	BEST NEED CO-EFFICIENT *	BEST NEED CO-EFFICIENT RANK	PRE-VALENCE OF AL'SM #	PRE-VALENCE OF AL'SM RANK #
I	(1) 420,772	-----	-----	(2) 28,720	(3) 449,492	31.0	-----	-----	2.1	33.1	1	13.7	3	13.91	3
II	-----	(1) 43,645	-----	(3) 71,910	(4) 114,835	---	3.2	-----	5.3	8.5	5	12.4	4	11.63	6
III	-----	(2) 49,049	-----	(1) 10,000	(3) 59,049	---	3.6	-----	.7	4.3	7	9.2	7	8.75	7
IV-A	-----	-----	-----	-----	-----	---	-----	-----	-----	---		8.9	8	9.86	8
IV-B	-----	-----	-----	(5) 137,263	(5) 137,263	---	-----	-----	10.1	10.1	4	18.4	1	14.11	2
IV-C	-----	(2) 89,474	-----	(1) 10,000	(3) 99,474	---	6.6	-----	.7	7.3	6	10.6	5	13.87	4
V	-----	(2) 91,832	-----	(3) 51,197	(5) 143,029	---	6.7	-----	3.8	10.5	3	16.8	2	16.18	1
VI	-----	-----	-----	(3) 138,493	(3) 138,493	---	-----	-----	10.1	10.1	4	10.0	6	11.69	5
State wide	-----	-----	-----	(4) 220,177	(4) 220,177	---	-----	-----	16.1	16.1	2				
TOTAL	(1) 420,772	(7) 274,000	-----	(22) 667,040	(30) 1,361,812	31.0	20.1	-----	48.9	100.0		100.0		100.00	

( ) = Number of Programs # = See Appendix D, 1975 State Plan

* = See 1975 State Plan

Table 4. 1979-1980 ALLOCATIONS OF FEDERAL FORMULA, UNIFORM ACT GRANT AND STATE FUNDS BY HSA, REGION, SERVICE TYPES AND SERVICE TARGET

	SPECIAL POPULATIONS						PREVENTION EDUCATION		INTERVENTION		AGENCY-NETWORK DEVELOPMENT		TREATMENT AND REHABILITATION		HSA TOTAL
	YOUTH		WOMEN		MINORITIES										
HSA	FEDERAL	STATE	FEDERAL	STATE	FEDERAL	STATE	FEDERAL	STATE	FEDERAL	STATE	FEDERAL	STATE	FEDERAL	STATE	
I				48,562				61,717	12,840	333,875			436,652	1,206,418	2,100,064
II		27,957			23,594			61,717	17,976	309,062			93,008	1,251,342	1,784,656
III		5,781		39,562			10,000	41,350		220,003			49,049	949,883	1,315,628
IV-A				39,562				61,717		244,188			---	1,235,950	1,581,417
IV-B	36,665	24,602		9,000	62,082		10,000	41,350		178,786			---	4,588,668	4,951,153
IV-C		27,102		9,000			10,000	41,350		358,221			89,474	1,988,343	1,523,490
V	41,197			48,562			10,000	41,350		393,064			91,832	2,024,886	2,650,891
VI	24,774	18,146						61,717	8,859	265,071			104,860	817,086	1,300,513
State wide									28,516		175,194		25,240		228,950
Federal Total	102,636		---		85,676		40,000		68,191		175,194		890,115		1,361,812
State Total		103,588		194,248		---		412,268		2,302,270		---		13062,576	16,074,950
GRAND TOTAL	206,224		194,248		85,676		452,268		2,370,461		175,194		14,090,534		

APPENDIX E.

SPECIAL PROJECT INFORMATION

SPECIAL PROJECT INFORMATION

During FY 1980 the Division of Alcoholism funded special projects utilizing Federal Formula Grant and Federal Uniform Act Grant funds. These special alcoholism projects are categorized according to the following six program areas.

1. Youth - oriented programs designed to identify, treat and/or educate young alcohol abusers.

2. Prevention and Education projects designed for education and outreach to adults as well as younger populations.

3. Early identification projects, including occupational alcoholism and other high risk group projects.

4. Minority projects targeted for such populations as Blacks, Native Americans, and the Spanish-speaking.

5. Treatment and Rehabilitation projects designed to strengthen the state's comprehensive system of tertiary resources.

6. Projects designed to provide information and education to the general public, information and referral counseling to alcoholics and their families, and develop community resources.

This appendix provides a brief description of each of these Special Projects.

Description of Federally Funded Special Projects

1. Youth Oriented Projects

HSA	Project Description	Applicant Organization
	Young People Drinker Project	Care About Now
IV-B	This project provides counseling, recreational, and social activities and referral services for young people experiencing difficulties with alcohol in the Chelsea area. ($36,655 - F)*	
V	Youth Alcohol Intervention Project This is a youth-oriented project involving education treatment and rehabilitation activities. A full-time staff person at the agency has enabled it to focus more sensitively and productively on youth with real and potential alcohol abuse problems. Actual direct services as well as indirect services (planning, training, and education) are provided. ($12,183 - F)	Attleboro Drug Council
V	Alcohol Youth Intervention and Prevention Program This is an early intervention and prevention program targeting young problem drinkers and potential problem drinkers. The program provides treatment and prevention simultaneously through education and training. A drop-in center for youth will be developed in the Taunton area. Community outreach and consultation is an integral part of the project. ($29,014 - F)	Greater Taunton Council on Alcoholism
VI	Alternatives to Alcohol for Youths This project provides education and treatment for youthful alcoholics and potential abusers in the Lynn area. ($24,774 - F)	Project Cope, Inc.

2. Prevention Projects

III and IV-C	School System Program This Project replicates the school prevention model developed by the Division of Alcoholism. It enables	Triton Regional and Vision-In-Action, Inc.

* F = Federal Formula Grant Funds
U = Uniform Act Grant Funds

HSA	Project Description	Applicant Organization
	the school system to address and develop alcohol education/prevention programs by training school personnel, parents, and students in alcohol prevention issues and providing a framework for program development. ($20,000 - U)	
V and IV-B	Clergy Training Program This project replicates the clergy prevention model developed by the Division of Alcoholism, training the church ministry in skills in alcohol education and prevention. It also develops, through the ministry, various prevention programs targeted at youth groups, church groups, boards of directors, community groups, etc. ($20,000 - U)	Interchurch Council and Project Place
	3. Early Intervention Projects	
II	Early Intervention Project The project provides for an early intervention staff which offers direct and consultative services to business and industry, the courts, and the schools in the North Central Massachusetts area. The major goal is to develop a comprehensive and coordinated program of prevention, education and treatment for the thirty - two towns and cities. ($17,977 - F)	North Central Alcoholism Commissi

HSA	Project Description	Applicant Organization
	4. Minority Projects	
II	24 Hour Minority Alcoholism Crisis Counseling Service This project provides 24 hour crisis counseling services for minority alcoholics and their families in Worcester. Services provided are outreach, diagnosis, referral, counseling and evaluation. Primarily to black and spanish-speaking populations. ($23,594 - F)	Prospect House
IV-B	Hispanic Alcoholism Program This project provides for the training and education of a broad range of service providers within the Hispanic communities of Boston concerning the nature of alcoholism and alcohol abuse. The project also provides for the development of interagency referral networks to maximize the utilization of alcoholism services by Hispanics and for education to the categorical alcoholism treatment system concerning the unique nature of the Hispanic alcohol abuse and related problems. ($48,900 - U)	D.A.R.E., Inc.
IV-B	Indian Outreach Project This project provides for a Native American alcoholism outreach staff who provide counseling referral, follow-up and rescue services for Native Americans in the Boston area. ($23,594 - F)	Boston Indian Council
	5. Treatment and Rehabilitation Projects	
I	Outpatient Family Assistance Program This project was designed to strengthen the efforts of the established outpatient alcoholism program in Franklin County by providing a family counselor whose primary target group will be the families, including children of alcoholics. ($15,880 - U)	Franklin County Hospital Beacon Clinic
II	Detoxification Services for Blackstone Valley This project makes detoxification services available for alcoholics in the Blackstone Valley area. Services provided are a 24 hour information and referral hot-line, reservation of two beds at state supported de-toxification facilities, transportation and diagnosis, evaluation and counseling services. ($30,340 - U)	Valley Adult Counseling Service

HSA	Project Description	Applicant Organization
IV-B	Coordinator of Alcoholism Services for Homophile Community This project provides a coordinator of service to gay problem drinkers and alcoholics. The coordinator, operating out of the Homophile Community Health Service provides treatment to gay alcoholics, specialized education and training in the problems of homosexual alcoholics to agencies in Greater Boston, training of volunteers who provide information and referral as well as treatment to gay alcoholics, and liaison to Greater Boston's gay organizations.	Counseling Services, Inc.
Statewide IV-B	MAAP Training Program This project provides training for alcoholism outpatient, halfway house, and detoxification provider personnel. The aim is to increase their expertise in working with alcohol abusers and alcoholics. ($40,060 - U)	Mass. Association of Alcoholism Providers
Statewide IV-B	Pilot Employment Program This project provides for a staff person to develop an employment support system for recovering alcoholics in six Halfway Houses in the Boston and Worcester areas. ($23,589 - F)	Mass. Association of Recovery Homes for Alcoholics, Inc.
Statewide IV-C	ARTC Evaluation Project This project is to provide evaluation data on certain alcohol abuse and alcoholism programs as well as to needs assessments for alcohol services in areas of Massachusetts. ($96,650 - U)	Alcoholism Research and Training Center
V	Alcoholic Family Assistance Program A family-oriented clinical program involving group dynamics for the Plymouth area. It is projected to more fully address alcohol problem related families. ($43,645 - F)	Plymouth Alcoholism Family Rehab
VI	Residential Intermediate Care This project is to develop and operate a model short-term (3-4 weeks) alcoholism treatment program for the post-detoxification client. It is based on two main model components, education and treatment, which are combined to provide a viable transitional program. ($114,024 - U)	North Shore Council on Alcoholism

HSA	Project Description	Applicant Organization
6. Information/Education		
Statewide IV-B	Alcohol Information Referral This project provides for a 24 hour, 7 day a week telephone hotline service that brings people troubled with alcoholism together with helping agencies. ($28,516 - U)	Alcoholism Information Referral, Inc.
Statewide IV-B	Women's Media Campaign This project is designed to use mass media for the purpose of integrating general alcohol education with awareness raising about the relationship of alcohol use and abuse. The intent of the project is to focus statewide on one of the Division's priority groups - young women, with a monthly theme concerning alcohol abuse and women as a planning strategy. ($30,000 - U)	Marvin and Leonard Advertising Co., Inc.

APPENDIX F.

COPY OF LEGAL NOTICE

LEGAL NOTICES

LEGAL NOTICE. Notice is hereby given that the Division of Alcoholism, Massachusetts Department of Public Health has updated the State Plan for the Prevention, Treatment and Control of Alcohol Abuse and Alcoholism in accordance with the requirements of the formula grants program authorized by Federal Public Law 91-616 as amended. This document is an annual review, update, and progress report of the 1979 State Plan. The document includes a progress report on program objectives, an overview of proposed activities for the coming fiscal year, and a new budget request. Interested persons wishing to examine and comment on the plan prior to its approval should do so within 30 days of this notice. Arrangements for public examination of the plan can be made by contacting the Division of Alcoholism, Room 616, 755 Boylston Street, Boston, MA 02116 from 9:00 a.m. to 5:00 p.m., Monday through Friday. Massachusetts Department of Public Health, Division of Alcoholism, Edward Blacker, Ph.D., Director.

The above legal notice appeared in both the Boston Globe and Springfield News on May 23, 1980